Please Type or Print in Black indelible Ink. Assure Aii Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent'a Nama (First, Middle, Last) 2. Dete of Death 3. Time of Death TURNER 5-23 PM HARRY MARCH 1996 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE HARBOR HOSPITAL BALTIMORE N/A If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) 120 M 2□ F Months 216-10-7026 Yrs. 10 02 1914 VIRGINIA Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 No N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 611 S. CHARLES STREET 21230 USA 11 Marital Status 12. Was Decedent Ever in U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. Armed Forces?

1 Yes 2 No
If Yes, Give
Year or Detes: Black, White, etc. Never Married 2 ☐ Married 1 ☐ Yes ZONo Specify: 3 Widowed 4 Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NEVER WORKED N/A 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) TURNER SOUTNEZ CATHERINE TURNER 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ARTIE SHAW/GUARDIANSHIP 861 PARK AVENUE, BALTIMORE, MD. 21202 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ZION CEMETERY 03-20-96 LANSDOWNE, MD. 21. Signature of Funeral Service Licenses 22. Name and Addrass of Facility ALBERT P. WYLIE F/H ¢638 N. GILMOR STREET 23a. Part1. Enter the disease, or of prications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death MULTIPLE ORGAN SYSTEM FAILURE tmmediete Cause (Final 1 MONTH disaasa or condition reaulting in deeth) Due to (or as e consequence of): BILATERAL PNEUMONIA / MONTH

Physician /Medical Examiner

buriel-tran

physician s the burie

signed by

page 2 s

Be

2

Certification:

edical

certificate

spries or Attending Physicien: The hours effer death.

nerel Director: After this certificate y filled in by the funeral director, pa

within 24 hours To the Funeral Completely filled

pug

The lew requires that the death certificete be executed

Box 68760

P.O.

Records,

Division of Vital

Physician

/Medical

10e State

UNK

MD.

Director

Funeral

by

Completed

8

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Mexical Examiner naist be notified at

Hygiene.

permit. Pages 1 and 2 should be filled will Department of Heelth and Mentel Hygien Important: If frem 27 is marked other that any Injury or other transment.

the Meryland

efter

Saltimore, Maryland 21215-0020

Examiner Sequentially list conditions, it any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury Physician/Medical thet initiated events resulting in death) Last ð Completed

Due to (or as a consequence of):

Due to (or as a consequence of):

END STAGE CHRONIC

OBSTRUCTIVE LUNG DISEASE TEN YEARS

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

ACUTE RENAL FAILURE, DECUBITUS ULER

OLD CEREBRO VISCULAR ACCIDENT, HYPOTENSION

24a. Was an autopay

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 1 Yes 2000 28. Place of Deeth (Check only one)

23b. Did tobacco use contribute to the cause of death?

1 Yee 2 No 3 Probably 4 1 Unknown

25. Wes case referred to medical examiner? 1 Yes 2 No 27. Manner of Death

5 Pending investigation

6 Could not be determined

Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury

28e. Placa of Injury - At home, farm, street, factory, offica building, atc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only

1 PNatural

2 Accident

3 ☐ Suicida

4 ☐ Homicide

1 Certifying Phyeictan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated.

29b. Signature and title of certifier

31. Dete filed (Month, Day, Year)

29c. License number

29d. Date signed (Month, Day, Year)

> hylvauxo PG41 INTERN MEDICINE

AS 2441614 -19

MARCH

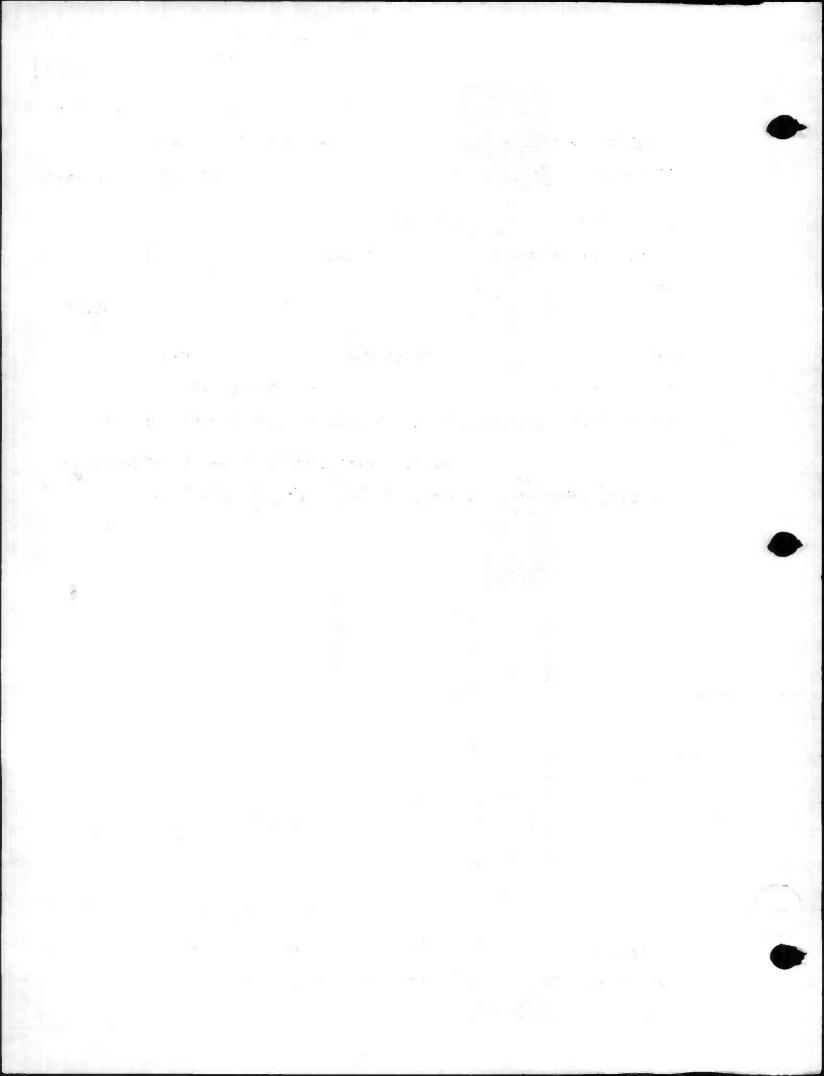
30 Name and address of person who completed cause of death (Item 23a) (Type, Print) BINU CHACKO

3001 S HANOVER STREET BALTIMURE HARBOR HOSPITAL, MD

State Registrar



DMMH 16 Rev.6/95



96-1439-510

Director

Funeral

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Completed

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Item19b 3-11-96 FilmG733 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland

d / Department of Health and Ment	96	0	8	0	0	2	
Certificate of Death	Reg. No.		_				Ξ

Month

Physician
/Medical
Examiner

GREGORY **LYNN** 4a. Facility Name (If not Institution, give street and number)

1. Decedent'a Name (First, Middle, Last)

2. Data of Death WASHINGTON MARCH

3. Time of Death Vaar

JOHNS HOPKINS HOSPITAL

4b. City, Town, or Location of Death

1996 12:07P.M 4c. County of Death

Funeral

5. Social Security Number 1 MM 2□ F 215-92-8867

N/A

BALTIMORE If Under 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. last birthdey) Months Days Hours

N/A 9. Birthplaca (Steta or Foreign

Maryland

Director

7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Medical Examinar must be notified at

filed within 7 Hyglene.

is 1 and 2 should be filed if Health and Mental Hygi Nem 27 is marked other

6 Department of Important: If R

Physician /Medical

Examiner

physician and s the burial-transit

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page 2 s

director. Be

funeral

certificate

After

Director: /

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Physician/Medical

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Completed

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Certification:

The law requires that the death certificate be executed

Records, P.O. Box 68760

Division of Vital i or Attending Physician: after death.

Baltimore, Maryland 21215-0020

Usual Residence of Decedent 10a State 10b. County Maryland

10c. City, Town or Location Baltimore

Yrs

31

10d. Insida City Limits 1 ¥ Yas 2 □ No

10e. Street and Number

10f. Zip Code 21202 10g. Citizan of What Country? United States

1104 N. Central Avenue

11. Marital Status 1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Datas;

 Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 XNo Specify:

14. Race - American Indian, Black, Whita, etc. Specify:

Black

15. Decedant's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondary (0-12)

College (1-4or 5+)

Cook

Restaurant

17. Father's Name (First, Middle, Last)

Leon Washington

18. Mother'a Name (First, Middle, Maiden Sumeme) Bettie G. Speight

19a. Informant's Neme/Reletionship (Type, Print) Bettie G. Washington

19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

Central Avenue, Baltimore, MD 21202

20a. Method of Disposition

1 X Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Neme of cemetery, cremetory or other place) Cedar Hill Cemetery

20c. Location - City or Town, State 3-21-96 Anne Arundel Co., MD

21. Signature of Funeral Service Licenses

22. Nama and Addrass of Facility
March Funeral Home

23a. Part 1. Enter the disease, or compositions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only/one cause on each line.

1101 E. North Avenue, Baltimore, MD 21202 Approximate Interval Betw

Due to (or as a consequence of):

Immediate Cause (Final disease or condition resulting In death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieled evants resulting in death) Last

Due to (or as a consequence of)

Due to (or es a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death?

No 1 Yes

3 Probably 4 Unknown

24a. Was an autopay performed?

24b. Were autopsy findings available prior to completion of causa of death?

Onsat and Death

26. Place of Death (Check only one)

Yes 2 No

25. Wes case referred to medical examiner? 1 Yes 2 No

27. Manner of Death

1 Natural

2 Accident

3 Suicide

Homicide

Hospital: 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 3-17-96 5 Pending Investigation

28b. Time of 035

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yes

28d. Describe how injury occurred

Medical 29a. Certifier 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 451

M

Location (Street and Number or City or Town, State) Rural Route Number. 200

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the ceuse(s) end manner es stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature and title of certifie

31. Dete filed (Month, Day, Yeer)

29c. License number

29d. Date signed (Month, Dey, Year)

O.C.M.E.

MARCH 18, 1996

of person who completed cause of death (Item 23a) (Type, Print) (seke

111 Penn Street, Baltimore, Maryland 21201

State Registrar

6 Could not be

32. Registrar's Signature Davideac Randell

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

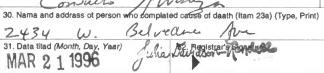
State of Maryland / Department of Health and Mental Hygiene 96 08003

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_			Levindale Nursir 5. Social Sacurity Number 6. S	7	Age (In yrs. i	last hirthday	If Undar 1 Yaar					on /State or Foreign			
	Funeral Director		229-09-6187	ØM 2□F	rigo (ni yrs. r	77 Yrs.	Months Days			y, Year)	Country	ce (State or Foreign y) ginia			
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	or 28	Funeral Director	10e. Street end Number				10f. Zip Coda			10g. Citizen o	What Country	13			
	23a	a	2318 Garrett Aver	nue			213	218		Unite	ed States				
	r dea	ne l	11. Meritel Status	12. Was Decede Armad Force	167	S. 13.	Was Decedant of If Yas, specify Cul	Hispenic Origin? (Specify Yes or No rto Ricen, atc.)	- 14. Ra	ace - Amaricar leck, Whita, at				
21215-0020	d within 72 hours after death with the Maryler jiens. r than "natural", or items 23s or 28s-f show the Medical Exempter must be notified at	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	1 🛚 Yas 2 If Yas, Giva Yaar or Data	□Nº 194	11- 15	1□Yas 2XINo	Specify:		Spec					
5	natu dice	ete	15. Decedant's Ed (Specify only highest gra	ducation ida complated)		18a. Dece (Giva	dant's Usual Occu kind of work done	pation a during most of wo ad)	orking	16b. Kind of	Bustnass/Indu	nass/Industry			
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Maryland	GE &	To Be	17. Fethar's Nema (First, Middla, Last) Vivian Waddy					18. Mothar's Nama (First, Middle, Maldan Sumeme) Lila Gardner							
	27 27		19a. Informant's Name/Ralationship (Esther Waddy	Type, Print)				t and Number or F Avenue,				oda)			
Baltimore,	Pages 1 an ent of Heal it: if Itam 2 y or other		20a. Mathod ot Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 1 Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - Classification (Nama of cematary, crematory or other place)												
Balti	permit. Pages 1 Department of H Important: if Ite any injury or of		Signature of Funaral Sarvice Licensea 22. Nama end Addrass of Facility March Funeral Home 1101 E. North Avenue, Baltimore, MD 21202												
°	-		23a. Part1. Entar tha disense, or com shock, or haart failum. List only	plications that ceu ona causa on aac	sed tha daath							Approximeta Intarval Between Onset end Deeth			
	Physician /Medical Examiner		Immediata Causa (Final disease or condition rasuiting in death) a. acute Cardro pulmon my ovest Dua to (or as a consaquance of): b. atheres sclenolic Cardrac Clisease												
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	cata be axecuted physician and the burial-transit	Examiner	Sequentially list conditions, Dua to (or as a consequence of):												
50,	oe axe cian a ouńai-		Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Causa (Disaasa or Injury that Initiated avants	. a	onges	time	hea	- L h	ilme		1				
68760,	# D 8	Medical	that Initiated avants rasulting in deeth) Lest	U.	Due to (or	es a consec	quence of):	,			1				
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0	the a	ysic	Part II. Other significant conditions of	ontributing to deat	but not rasu	liting In tha u	indarlying ceusa g	ivan In Part I.	23b. Dld	tobacco use o	ontribute to t	he cause of death?			
S, D	requires that the death cer ween signed by the attendir hould be datached for use	by Ph	Subdual hemo	utoma		dem	enha		. 10	Yss 2□ No	3 Proba	bly 420nknown			
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ž V	2 00	10	1 Yas 2 No	Hospital: 1 Inp	atient 2	ER/Outpatie	nt 3 DOA	thar: 4 Nursing	Home 5 Resi	dence 6 🗆 O	thar (Specify)				
	or Attending Phattar death. Director: Aftar this in by the funaral	ation:	27. Manner of Death 1 ☐ Naturel 5 ☐ Panding 2 ☐ Accident invastigation		njury Day Year)	28b. Tima o Injury	We	uryet ork?]Yes 2 ☐ No	28d. Describe	how injury occ	urred				
Division	al or Atter de all Directo	Certification:	3 Sulcida 6 Coutd not be datarminad	28a. Place of	tnjury - At ho atc. (Specify	ma, tarm, st	raat, factory, office)	28f. Location (City or To		nber or Rural I	Pouta Number,			
(To us Hospital or At with 24 four after of To the Funeral Direct completely filled in by	edicai (29a. Cartiflar (Check only one) Check only one)	ystctan: To the be niner: On the besidend menner	ot axaminat	wladga, daat ion and/or In	h occurred at tha t vastigation, in my	lma, data and plac optnton, daath occ	e, and dua to tha curred at tha tima,	ceusa(s) and i data and place	mannar es stat e, and dua to t	ed. ha causa(s)			
	To To The Comp	×	29b. Signatura and titta of certifiar				29c. Licen	sa number		29d. Data sign	ned (Month, Di	ay, Year)			
on Consuls Manes a							D	: 44907	Mass	ch 13th 1996					

IVA

Registrar

31. Data tited (Month, Day, Year) MAR 2 1 1996



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2/2/5



Items16a,16b 3-21-96 FilmG733 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

08004 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey Month **Physician** Year ETHEL. March 18, WEISMAN 1996 7:52am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 2909 Fallstaff Road Apt. 43 Baltimore 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** Deys 1□M XXF 87 Yrs. Director 217-14-9007 Sept. 25, 1908 MD Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Peges 1 and 2 should be filed within 72 hours after the fith the Marylar neat of Health and Mertall Hygiene. In the fither 23 a or 28e-f show thit if them 27 is marked other than "natural; or items 23 or 28e-f show ary or other traumatic event, its wastest Examins must be nother traumatic event, its wastest Examins must be nothered. YAS 2 No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2909 Fallstaff Road Apt. 43 21209 USA by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry Internal Revenue Ser. Auditor College (1-4or 5+) Elementery/Secondery (0-12) -Internal Revenue -U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be William Abrams Jennie Greenfeld 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Important: If Item 27 any injury or other to once. Mrs Sondra Dennis (grand daughter) 10736 Hewitt Farms Rd Owings Mills MD 21117 20e. Method of Disposition

**Buriel 2 Cremetion 3 Removel from Stete 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete permit. Pege Department of 3/20/1996 Bnai Jacob Cem. Baltimore MD 4 ☐ Donetion 5 ☐ Other (Specify) re of Reneral Service Lie 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, only one cause on each line. Approximete Interval Between Onset end Death Physician /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Examiner physician and the burial-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) sion of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): attending pl Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. After this certificate has been signed by the a funeral director, page 2 should be detached? 23b. Did tobacco use contribute to the cause of death? 52 DNKJEZ 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? ascula Lussificiency 24e. Wes an eutopsy performed? 1 Yes 2 No 1 Yes 2 No Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 Wo 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Nettrel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 5 4 8 Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. To the within To the 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

(Response)

(Response) 31. Dete tiled (Month, Day, Year)
MAR 2 1 1996 State MAR 21 Registrar

DHMH 16 Rev 6/95



7
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train permits be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE 0	F MARYLAND / DEPARTM	IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	0 00000								
7	1. DECEDENT'S NAME (First, Middle, Last) John W. Wrish			2. DATE OF DEATH MONTH DAY	TEAR 1145 P								
	4. SOCIAL SECURITY NUMBER 5. SEX 241-16-5596 1 XM 2 1	8. AGE (In yrs. last birthday)	UNDER 1 YEAR	1 (01) 1	BIRTNPLACE (State or Foreign Country)								
TOR	9a. FACILITY NAME (If not institution, give street and number Baltimure V. A. Medinestidence of decedent		Baltimore	110									
DIRECTOR	10a. STATE 10b. COUNTY M. A. N. A.		HMURE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO								
FUNERAL	2555 W. Lombar	el Street	101. ZIP CODE 2/223	10g. CITIZEN OF WHAT COUNTRY?									
BY FUN	1 Never Married 2 Merried FORCES?	DENT EYER IN U.S. ARMED 1 VES 2 NO VE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify	I. RACE — American Indian, Black, White, etc. Specify:									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	16a. DECEDENT'S USU	done during most of working	Bethlehem	- 0								
	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname)												
TO BE	196. INFORMANT'S NAME (Type/Print) THERESA L. JACKSON 196. MAILINO ADDRESS (Street end Number or Ruyal Boute Number, City or Town, Stelle, Zip Code) 2009 EAGLE ST, BALTO. MD 21223												
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of competent). 20b. PLACE AND DATE OF DISPOSITION (Name of competent). 20b. PLACE AND DATE OF DISPOSITION (Name of competent). 20b. PLACE AND DATE OF DISPOSITION (Name of competent). 20b. PLACE AND DATE of DATE of Competent (Name of competent). 20b. PLACE AND DATE of Competent (Name of competent). 20b. PLACE AND DATE of Competent (Name of competent). 20b. PLACE AND DATE of Competent (Name of competent). 20b. PLACE AND DATE of Competent (Name of competent). 20b. PLACE AND DA												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Harris	March F. H. W		21215								
	23. PART Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or healt failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sepsils Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
SERTIF		E TO (OR AS A CONSEQUENCE OF):											
AL	PART II. Other significant conditions contributing	g to death but not rasulting in th	na underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO			1 🔯	1 - YES 2 NO								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1, Inputient		HER: Nursing Nome 5 Residence	8 Other (Specify)									
BY PH		E OF INJURY 28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 TYES 2 NO	28d. DESCRIBE NOW INJURY OCCUR	RED								
	4 Homicide determined	CE OF INJURY — At home, ferm, atree ling, etc. (Specify)	i, fectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beste	et of my knowledge, death occurred at of examination end/or investigation, in	the time, date end place, and due my opinion, death occurad at the	to the cause(s) end menner as stated. Ilme, date and place, and due to the c	ause(e) and manner ea stated.								
TO BE	290 SIGNATURE AND TITLE OF CERTIFIER David A. Clent MD		PO97	30 29d. DATE SI	IGNED (Month, Day, Year)								
	David CLEMENTS, MD 31. DATE FILED (Morith, Day, Your) 22. REGIS	CAUSE OF DEATH (ITEM 27) (Type, Prin 10 South Greene STRAR'S SIGNATURE		ore, Maryland.	1								
		howless Renderly											

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and M.	IMPORTANT: If Item 28 is marked, or item 23 shows any inju	

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART			ENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH					
	William -	Jacob Wil	rkler			March 1	5. 1996	8:15 PM				
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IC IMPICE SA MEE	7 DATE OF BUILD	8. BIFT	THPLACE (State or Foreign ntry)				
	218-18-5961 9a. FACILITY NAME (If not institution, give	1 M 2 F 71	YRS.		R LOCATION OF DEA	Jan. 16, 19	25 Bal	timore Co.Md.				
E E	Lorian Nursing		1	Qal.	COCATION OF DEA	a H	Harfo					
5	RESIDENCE OF DECEDENT			1561	and							
噐	10s. STATE 10b. COUN			TOWN OR LOCAT			10d. INSIDE CITY LIMITS?					
٦	Maryland Hari	ord	U	arlingt		1 TYES 2 1 NO						
BY FUNERAL DIRECTOR	4041 Conowingo	Road		101.	21034		U.S	WHAT COUNTRY?				
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.				C ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indian.				
7	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2		1 TYES	cify Cuban, Mexican, 2 NO Specify:	, Puerto Rican, etc.)	1	ick, White, etc.				
	16. DECEDENT'S ED	HICATION L4	- DEOFORNIES IN	1		1		White				
COMPLETED	(Specify only highest grad	de completed)	(Give kind of wor life. Do NOT use	rk done during mos		16b. KIND OF BUS	BINESS/INDUSTRY					
7	Elementary/Secondary (0-12) 8th。	College (1-4 or 5 +)	Farmer	,		Self-En	nloved	_				
O	17. FATHER'S NAME (First, Middle, Last)		GIMOI		18. MOTHER'S NAM	E (First, Middle, Maiden						
BE C	John Winkler				Nora Fi	inn						
TO B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town						
-	Chris Meekins	(Son)				stock,Md.						
	20s. METHOD OF DISPOSITION 1 No Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Page 19, 1996 20c. LOCATION - City or Town, State Page 19, 1996 Hydes, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LIGENSE 22. NAME AND ADDRESS OF FACILITY											
	152	tomaksi)			uneral Home						
	23. PART i. Enter the diseases, or	complications that caused the	e death. Do not	11750) Belair Ro	ad Kingsvi	lle, Mary	land 21087				
	shock, or heart fellure IMMEDIATE CAUSE (Final	. List only one cause on each	line.	t diller the file	f or dying, such	A Cardiac or respi	ratory arrest,	interval Between Onset and Death				
	disease or condition - achronic o Sometime Jummany Oceane 34 cent											
	resulting in death)	-0-0-	1 4000									
N	Sequentielly list conditions,											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF):									
FIC	CAUSE (Disease or Injury that Initiated events	C DUE TO (QR AS A CO	INSEQUENCE OF):									
F	resulting in death) LAST	d.						!				
	PART II. Other significant condition	ons contributing to death but	not resulting in	the underlying	cause given in D	art I. 24s. WAS AN	ALITONOV A	IL HERE ALTROPOS CANDADO				
SA	Manha La	my mess		Scor		PERFOR	MEDT	NAME AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
ED	- GINCETON	- Ax. 000	a ca	1100		1 TYES	1	OF DEATH?				
2 ;						= 11 *	,==:	1 VES 2 140				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MODBITAL			ACE OF DEATH (Check	k only one)	_					
YSI	1 □ YES 2 NO	HOSPITAL: 1 [] inpatient 2 [] ER/Outpatie	int 3 □ DOA 3	XTHERT: Highratog Home	5 🗆 Residence 6	☐ Other (Specify)						
	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	286. TIME (WO!	HC7	28d. DESCRIBE HOW IF	IJURY OCCURED					
\$	2 Coddent Investigation				ES 2 HO							
COMPLETED BY	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	At nome, tans, stre	set, factory, office	,	DBf. LOCATION (Street a City or Town, State)	ind Number or Aune	/ Route Mumber				
9	29a. CERTIFIER CONTINUE PAY	SICIAN: To the heat of any boundary					tion concentration					
MP		SICIAN: To the lieut of my knowledges. On the beets of explanation en						(t) and marrier as stated.				
	296. SIGNATURE AND TITLE OF CENTING				29c. LICENSE NUMB			(Month, Day, Year)				
H 4	the of	entre		1	0283	38	Max	12 1556				
2	30-MAKE AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Spo. P.	HING;		_	1.000	0,11				
	LINDA FREILL	3HW 101 HS	ELRD	BEL F	FIR MY	2015						
	31. DATE FILED (Month, Day, Year)	32: REGISTRAR'S SIGNATU	IRE									
	auth # 1 1330	I ama waydoon for	77.4.00									

BANK WENT BY

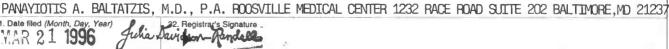
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State of Maryland / Department of Health and Mental Hygiene 08007 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death **Physician** March 15,1996 **IGNATILIS** 7:40 PM Walter ZORN /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner FRANKLIN SQUARE HOSPITAL BALTIMORE COUNTY Baltimore If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dev 9. Birthplace (Stete or Foreign **Funeral** Days Hours 100 M 2□ F BALTIMORE, MARYLAND 68 Yrs. DECEMBER Director 215-24-2575 Usual Residence of Decedent the Maryland 10s State 10b. County 10c. City, Town or Location 10d. Inside City Limits Examiner must be notified at 1 ☐ Yes 2 ☐ No Director MARYLAND BALTIMORE BALTIMORE COUNTY 10e. Street end Number 10f, Zlp Code 10g. Citizen of What Country? 5 Items 23a 9222 NOTTINGWOOD ROAD 21237 death Funeral U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 (X) Yes 2 □ No If Yes, Give Yeer or Dates: 1947–1950 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE and Mental Hygiene.

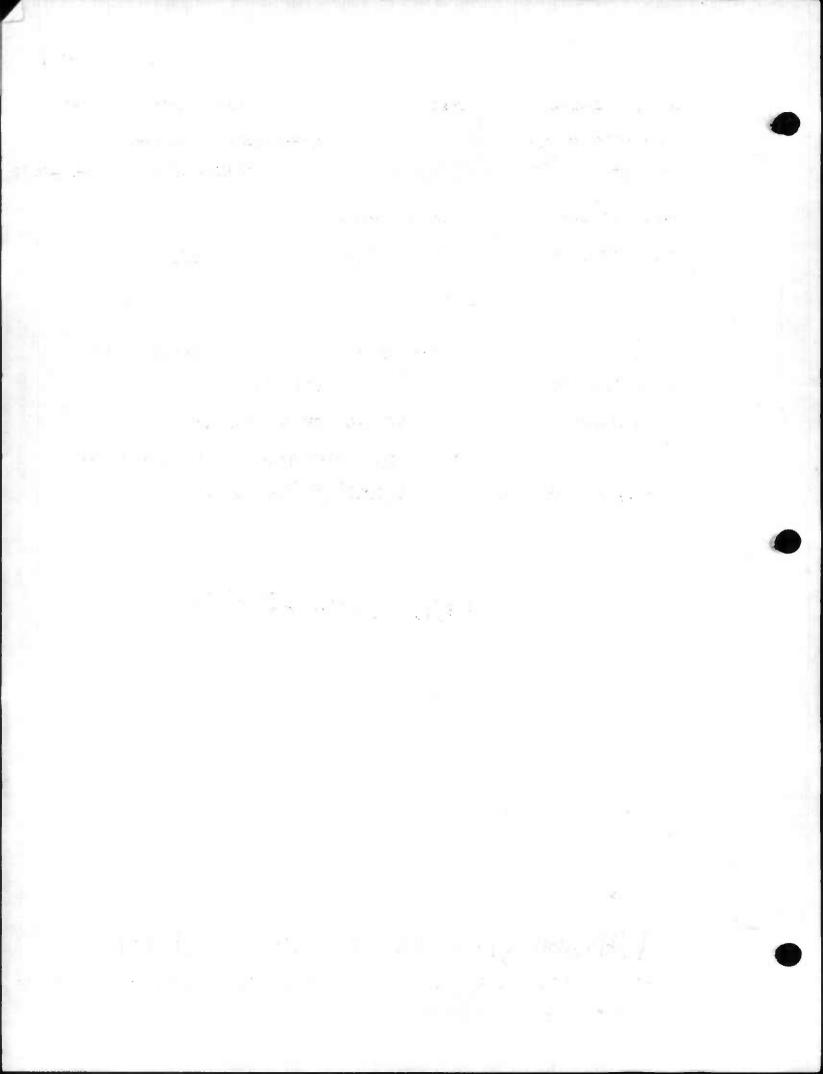
I marked other than "natural inumitie event, the Medical E. Completed 15. Decedent's Education (Specify only highest grade comp 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER 8 DAVIDSON TRANSFER N/A 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Peges 1 and 2 should be end Mental WILLIAM BERNARD ZORN LENA WALTER 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Health of Ham 27 ls ILENE S. ZORN (WIFE) 9222 NOTTINGWOOD ROAD BALTIMORE, MARYLAND 21237 other 20b. Place of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 8 XX Burial 2 Cremation 3 Removal from State Department or Important: If I any Injury or once. = 8 HOLLY HILL CEMETERY MARCH 18,1996 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE, MARYLAND 21. Signeture of Funeral Service License 22. Neme end Address of Facility LASSAHN FUNERAL HOME, INC. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 CHICK 330W 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final neu monio disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest physician s the buriel Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as e consequence of) ettending pl signed by the e Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? certificate has b lirector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes case referred to medica Be 28. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1∭Inpatient 2□ ER/Outpatient 3□ DOA this funeral Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturel 5 Pending After death. Director: Af 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) B 4 Homicide 6 Medical 29a, Certifie 🖹 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated.

29d. Qate signed (Month, Dey, Year)

31. Date filed (Month, Day, Year) State MAR 21 1996 Registrar



30. Name and eddress of person who completed cause of death (Item 23e) (Typa, Print)

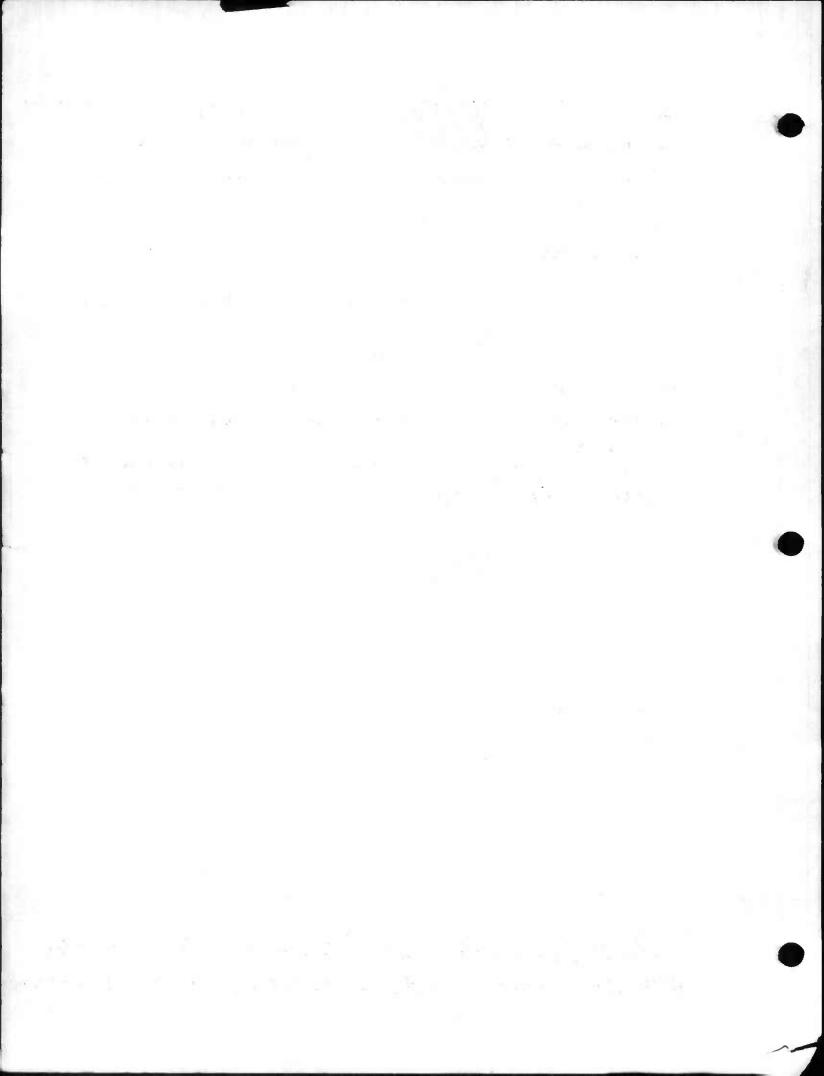


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State of Maryland / Department of Health and Mental Hygiene

			State of Maryland	Certificate o		Reg	96	08008						
	Dhusisi		1. Decedent's Neme (First, Middla, Last)	4	2	. Dete of Deeth Month	Dey Year	3. Tima of Death						
4	Physici /Medio		VERNON C. ARMACO.	57		MARCH	14,1996	240/14						
>	Examir	er	4e. Fecility Nema (If not institution, give street and number)		4b. City, Town, or Loca	Committee and the	4c. County of Dea							
_		H	Carroll County General Hospita. 5. Social Sacurity Number 6. Sex 7. Age (In yrs. Ia		Westminster ar If Undar 24 Hrs. 8		Carro							
	Funeral Director		220-34-5719 12 M 2 F 88	Yrs. Months Dey	s Hours Min.	Date of Birth (Month, Day, You Oct 30,		thplece (State or Foreign ountry) aryland						
	yland		10a. Stete 10b. County 10c. City,	, Town or Location				10d. insida City Limits						
	Mer si	ctor	Maryland Carroll	Sykesville				1□ Yes 2 No						
	th with the	Funeral Director	10e. Street end Number 1442 Buckhorn Road	10f. Zip Code 2	1784	10g	. Citizen of Whet Co USA	ountry?						
20	permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at angle.	by Funer	11. Maritai Status 12. Was Dacedent Ever in U,S Armed Forces? 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yaer or Detes:	S. 13. Was Decedent of if Yas, specify Co	of Hispenic Origin? (Specifuban, Mexican, Puerto Ric lo Specify:	y Yes or No- can, atc.)	14. Raca - Ame Black, White Specify:	ta, etc.						
21215-0020	Phour	ed b		18a. Decedent's Usuei Occ	cupation	16	b. Kind of Business	White						
215	hin 72	plet	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	(Give kind of work don life. DO NOT use ret	ne during most of working ired)		or rund or businessa	····dosty						
2	ed will	Completed	7	Self-Empl	.oyed		Farming	9						
and	be fill d oth	Be	17. Fether's Nema (First, Middle, Last)		18. Mother's Nema (F		200 0000							
Maryland	should and Men	To	John C. Armacost 19e. informent's Neme/Reletionship (Type, Print)	19b. Melling Address (Stre	Barbara I			Zin Codel						
	and 2 s saith an n 27 le i		Catherine Bowman			ZIP COOE)								
ore,	of Her Item		- 00	20e. Method of Disposition 20b. Piece of Disposition (Name of competent arrangement of the place) Dete 20c. Location - Cit										
Ĕ	ment of ant: If its		1 Donation 5 Other (Specify) 1 Removel from Stete 4 Donation 5 Other (Specify)	race Cemetery	3,	/14	Hampstead	d, MD						
Baltlmore,	permit. Departments any injury		21. Signeture of Funeral Service Licenses	neral Home MD 21074										
			23a. Part1. Enter the disaase, or complications that caused the death. shock, or heart feilure. List only one cause on each line.					Approximete Intervei Between						
	Physician / / / / / / / / / / / / / / / / / / /													
	Examiner		immediate Cause (Finel disease or condition resulting in deeth) e. CENERNOVASCULAN ACCIDENT Due to (or es e consequence of): ATNIAL FIMILLATION 1 YEAR											
		Jer	Due to (or	es e consequence of):	Dall			, URAD -						
	cuted nd transit	Examiner	Sequentially list conditions, Due to (or	es e consequence of):	70.0			19(11)						
60,	tificate be executed ig physician and es the bunel-transit	E E	Sequentially list conditions, if any, leading to immediate cause. Enter Undertyling Ceuse (Disease or injury that initiated events											
68760,	tificate g physies the	edical	resurting in death) Lest	es e consequanca of):				20116						
Вох	n certi	M/u	d. Precino	VIA				30145						
E	b deat	sicis	Pert ii. Other significant conditions contributing to death but not rasul	Iting in the underlying cause	given in Pert I.	23b. Did toba	cco use contribute	s to the cause of death?						
Ρ.	that the death cer ed by the attendin detached for use	by Physician/N	sensis, convertive	HEART	FAILME	1 🗆 Yes	2□ No 3□ P	robably 4 Onknown						
ds,	w requires that been signed I should be det	d by				24a. Wes an a	utonsy 24b.	Were autopsy findings						
Vital Records, P.O.	law requires that the death cer les been signed by the attendir s 2 should be detached for use	Completed				performe	d?	available prior to completion of cause of death?						
E E	The law ate hes page 2	EO.				1 ☐ Yes	20 No	1 □ Yes 2 ➡ No						
/ita	ysician: The I s certificate he director, page	Be	25. Wes case referred to medical exeminer?		26. Plece of Deeth (0	Check only one)								
	를 를 들	J.	1 Yes 2 No Hospitel: 1 Impatient 2 E	ENOutpatient 3LI DOA			e 6 Other (Spe	ecify)						
0	\$ \$ 5	tion	27. Menner of Deeth 1 Neturel 5 Pending (Month, Dey Year) 2 Accident investigation	28b. Time of Injury M	ljury et 280 Vork? □ Yes 2 □ No	d. Describe how	injury occurred							
Division of	Attending or death. actor: After by the fune	Certification:	3 Suicide 6 Could not be determined 28e. Plece of Injury - At hon	me, farm, street, fectory, offic		Location (Street	et and Number or R	lural Route Number,						
	tal or al Din ied in	Cert	4 Homicide Solution building, efc. (Specify)	,		City or Town, S	state)							
	To the Hospital or Attendil within 24 hours after death. To the Funeral Director: A completely filled in by the fo	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my know 2 Medical Examinar: On the basis of examination and manner steted.	rledge, deeth occurred et the on and/or investigetion, in my	time, dete end plece, end y opinion, deeth occurred	due to the ceus et the time, dete	e(s) end manner es and pleca, and du	s steted. e to the cause(s)						
	To T To T	Σ	29b. Signeture and titla of certifiar	\ \ \	insa numbar		Date signed (Mont							
			you H. Schulfeley	m) 0	28221	1	1arch 1	11/1946						
			30. Neme and eddress of parson who completed cause of deeth flam	A. A.O.	A AND ALL	c IN	(T410155)	a GARGA						
	Sta	te	31. Dete filed (Month, Day, Year) 32. Registrer's Signatu	Ura	10000		11 1/4 J/ V	11,1996 21157						
	Registr	ar	MAR 1 2 1996 whi Dhuids	ion Randall				/						

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				State of Marylan		Certificate			wieritai my	rgierie Reg. No.	96	08	009
			1. Decedent'a Name (First, Middle, Last)						2. Deta of De	eath	Mari	3. Tim	na of Death
	Physici /Media		Charles		Month March	Day 19	Year 196	7:	45 am				
)	Examir		4a. Facility Name (If not institution, give	street and number)			4	b. City, Town, or	Location of Dea		y of Death		
			6111 Montrose	Rd #517				Rockvi			tgom	-	
	Funeral Director		370-42-0707	7. Aga (In yrs.		rs. If Under 1 Months	Year Days	If Undar 24 Hrs Hours Min.	(Month, D	rth ey, Year) 7,1897			ete or Foreign
	and **		Usual Residence of Decedent 10a. State 10b. County	10c. Cit	v. Town	or Location					1	Od Insid	le City Limits
	Maryll f sho	0	MD Montgom			ville					,		Yaa 2 No
	288	Director	10e. Street end Number			10f. Zip C	ode			10g. Citizen of	What Cour	ntry?	
	3a or	Ö	6111 Montrose R	d #517			852	2		USA			
	deeti	Funeral		12. Was Decedent Ever in U,	S.			ispanic Orlgin? (S In, Mexican, Puer	pecify Yas or N		ce - Amaric		n,
21215-0020	ges 1 and 2 should be filed within 72 hours after deeth with the Maryland it of Health and Mentel Hyglene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, fre Medical Examine traumatic event, fre Medical Examine traumatic event.	þ	1 Never Married 2 Married 3 XVidowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates:		1 ☐ Yes 2[Specify:	io Hican, etc.)		ack, White, i/v: Whi		
5-0	72 ho	eted	15. Decedent's Educ (Specify only highest grade		16a.	Decedent's Usuai	Occupa	ation	rkina	16b. Kind of E	Busineas/In	dustry	
21	ithin 10.	Completed	Elementery/Secondary (0-12)	Coilege (1-4or 5+)		(Give kind of work life. DO NOT use		•	King				
7	filed with Hygiene other than	S	8		Ta	ilor/Ma	sng			-		Sup	erviso
anc	2 should be filed and Mentel Hygic is marked other aumatic event, ii	Be	17. Father's Name (First, Middle, Last)	W			ļ	18. Mothar's Na					
2	should be and Mentel is marked or umatic eve	10	David Shlomo Ab 19e. Informent's Neme/Relationship (Ty)		Sarah and Number or Ri				Codel				
∑	and 2 s ealth an n 27 is i		Sheila Amon/Gra			Megans				0832	1, State, 24.	(0000)	
e,	F Hear (term other		20e. Mathod of Disposition	20b. P	lece of	Disposition (Neme	of		Date	20c. Location	- City or To	own, Stat	a
OE	Pages nent of h int: If ite ury or of		20e. Mathod of Disposition 1 Buriai 2 □ Cremation 3 □ Removal from Stata 4 □ Donetion 5 □ Other (Specify) 20b. Plece of Disposition (Neme of carmatary, cremetory or other pleca) Beth Sholom Con						3/5	Capito	1 He	igh	ts. Mr
Baltimore, Maryland	교원관등		21. Signeture of Funerer Service Licanse			Addres	ss of Facility		.		-9	00, 110	
m	Depa impo any ir		Y lel Al					agel Fu					
	25.74		23 Part1. Enter the disease, or compli- shock, or heert feilure. List only on	cations thet caused the deat	n. Do n	ot enter tha moda	OC F	cville g. such as cardia	c or respiratory	OCKV11 arrest,	le M	Approxi	0852 imata Between
	Physician /Medical		immediate Ceuse (Finel			0		55.1				Onsat a	and Death
Н	Examiner		disaesa or condition resulting in death)	ATHUROSCE			(OV /	rsculm	bisense			0-11	5465
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	flicete be executed g physician and es the buriel-transit	Examiner	Sequentielly list conditions, Due to (or as a consequence of):										
90,	sian a		Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury										
68760,	ohysic the b	edical	thet initiated events rasulting in daath) Last	Dua to (o	asac	onsequence of):	-						
_	certific nding p			l									
Вох	atten for u	clar											
o	that the death certif ed by the attending deteched for use e	Physician/M	Part II. Other eignificant conditions con	tributing to death but not res	uiting in	the underlying cau	ise giv	en in Part I.		tobacco usa c			,
۵.	es that igned b	by PI							1	Yee No	3 Pro	Dabiy	4 Unknown
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	he law te hes age 2	omp							1	Yes 20 No		Yea	2∏ No.
Vital		Bec	25. Wes case referred to medical					26. Place of De		/			
>	Physici this cer al direc	ToE	examiner?	ospitel:	ER/Out	patient 3 DOA	Oth	er: 7		idenca 6 □O	ther (Specil	(y)	
0 0	Attending Physician: or death. ector: After this certific by the funeral director,		27. Manner of Death 1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)	28b. T	me of 280	. Injun	y at k?	28d. Describe	how injury occu	irred		
0	endir. or: Af the fu	catic	Accident investigation			M		Yas 2□No					
Division of	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piace of Injury - At he building, etc. (Specify		m, street, factory, o	office			(Street end Num own, Stete)	ber or Rura	il Route I	Number,
	Hospit 24 hours Funeral letely fill	edicai	29e. Certifier (Check only one) Certifying Phys	Iclan: To the best of my knower: On the basis of examinational end manner stated.	wiedge, tion end	death occurred et /or investigation, in	the tim	ne, dete end plece pinion, death occu	e, and due to the urred et the time	ceuse(s) end n , dete and pieca	nanner es s , end due t	teted. o the cau	ise(s)
	Within To the	Me	29b. Signature and title of bertifler			29c. I	License	e number	T	29d. Date sign	ed (Month,	Dey, Ye	ar)
			M 118	W			US	890		31	419	6	
	10		30. Name and address of person who con	mpieted cause of death (item	23e) (Type, Print)					111	-	
	4			5410 CONN. F	ive	NW SU	te	117 h	ASHINGT	ON DC	R	5013	_
	Sta Registr		31. Dete filed (Month, Dey, Year) MAR OR 100	32. Registrer's Signa	ture								

DHMH 16 Rav 6/95

B.K.S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I. 27. PER MEO FILM G-733 3/ 29/96 t.t

State of Maryland / Department of Health and Mental Hygiene

Physician	
/Medical	
Examiner	

Funeral Director

death with the Maryland 28a-f show ŏ Items 23a filed within 72 hours efter of Hygiene. Ither than "natural", or item

Baltimore, Maryland 21215-0020

Box 68760.

Ö

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Records,

Division of Vital

Physician /Medicai Examiner

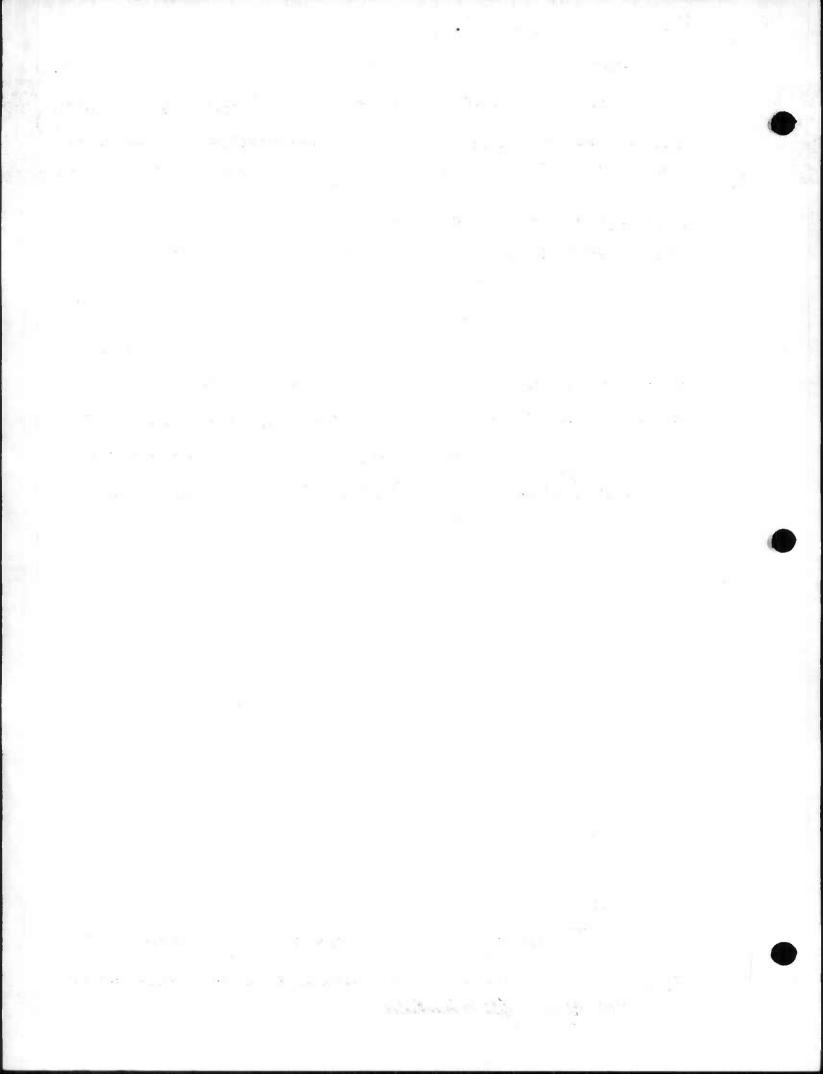
The law requires that the death certificate be executed and physician the 98 for use es the signed by t peen Hes page 2 ate Hospital or Attending Physician: 24 hours efter deeth. Funeral Director: After this cartificately filled in by the funeral director;

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death Month Yaar CHRISTOPHER PIERCE AUSTIN 02,1996 0930AM MARCH 4a. Facility Nama (If not institution, giva streat end numbar) 4b. City. Town, or Location of Deeth 4c. County of Death GAITHERSBURG 8605 BITTERFIELD COURT MONTGOMERY If Under 1 Yeer If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Yea Dec. 7, 19 9. Birthplaca (State or Foreign Country) Maryland 5. Sociel Sacurity Number 6 Say 7. Aga (In yrs. last birthday) 1 X M 2 □ F Days Yrs. 213-94-0203 19 Dec. Usual Residance of Dacadant 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 20879 United States 8605 Bitterfield Court Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ᡚ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispenic Origin? (Spacify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indien, Black, White, atc. 1K Navar Marriad 2 Marriad 1 ☐ Yas 2X No Specify: þ Specify: 3 ☐ Widowad 4 ☐ Divorced White Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 end 2 should be filed will Depertment of Health end Mental Hygien. Important: If Item 27 is marked other the any Injury or other traumatic event. Student High School 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Ann Nancy Chiappetta Daniel Edward Austin 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Numbar, City or Town, Stata, Zlp Coda) Daniel E. Austin / father 8605 Bitterfield Ct., Gaithersburg, MD 20879 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 1 Buriel 2 ☐ Cremation 3 ☐ Ramoval from Stata Gate of Heaven Cemetery 3/5/96 Silver Spring, MD 4 Donation 5 Othar (Spacify) 21. Signatura of Funeral Sarvice Line 22. Nama end Addrass of Fecility De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 20877 23a. Part1. Entairtha dheasa, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart fellula. List only one cause on each line. Approximate Interval Batw Onsat end Death Immediata Causa (Final MUSCULAR DYSTROPHY disaase or condition rasulting in death) Dua to (or as a consequence of): Examiner Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaasa or injury that initiated avants resulting In daath) Last Dua to (or as a consequence of) Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 | Yes 2 PNo 3 | Probably 4 | Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy parformad? 2 🗆 No Be 25. Was casa rafarrad to madical axaminar? 26. Placa of Daath (Check only ona) XIX Yas 2□ No Othar: 4 ☐ Nursing Home 5 ☒ Rasidance 6 ☐ Othar (Specify) ٩ 1 Inpatiant 2 ER/Outpatiant 3 DOA 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 XXNatural 5 Panding 1 Yas 2 No invastigation 2 Accident 6 Could not ba 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide in 24 house.
The Funeral Directions of the second of the s To the Hospi within 24 hou To the Funer completely fil 29a. Cartifiar 1 🖸 Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and place, end due to tha causa(s) and mannar as steted. Medical 2XX Madical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one) 29b. Signetura end title of cortifie 29c. License numbar 29d. Date signed (Month, Dey, Year) MARCH 3,1996 O.C.M.E 30. Nama and addrass of person who complated causa of death (Itam 23a) (Typa, Print)

State Registrar 31, Data filad (Month Day, MAR

1996

Owle-111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signatura



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate (of L	Death			Reg. No	96	-	18	011
	Dharaini		1. Decedent's Neme (First, Middle	le, Lest)		25					2. Dete of De Month	eth De	v Yee	ar	3. Tin	na of Death
	Physici /Medi		HELEN	M.	ALFOR	RD					MARCH	3,	199			11:06AM
3	Examir		4e. Fecliity Neme (If not Institutio	n, give street and number)				4	b. City, To	wn, or Lo	cation of Deet	h 40	. County of D	eath		
			4241 BUNKER	R HILL RD. #4	18				COTT		CITY		PRINC	CE	GEO	RGES
	Funeral		5. Social Security Number		e (In yrs. last		If Under 1 Y Months Do	eer evs	If Under	24 Hrs. Min.	8. Dete of Bir (Month, De	th ev. Year	9. 1	Birthpl	ece (St	ate or Foreign
	Director		579-24-9285	1□ M 2 <u>M</u> F	74	Yrs.					Feb.4,		We	sh	ingt	on D.C.
	pu .		Usuel Residence of Decedent 10a, Siete 10b, County		10c. City, To	our or Lo	nation							140	ad de et	la Oh i Llanta
	anyla sho	2												10		le City Limits Yas 2 □ No
	he N	Director		G.		Cott	age Ci									
	with the Maryland a or 28a-f show		10e. Street end Number	77.4.7.7. 77.7	// 1.50	10f. Zip Code						10g. Ci	tizen of Whet		iry?	
	ath v	Funerai			# 418	· · · · · · · · · · · · · · · · · · ·							U.S.		A 11	
	er de	Ğ	11. Meritel Stetus	12. Wes Decedent Armed Forces?		13.	Wes Decedent If Yes, specify	of Hi	ispenic Ori n, Mexican	gin? (Spe , Puerto	ecify Yes or No Rican, etc.))-	14. Rece - A Bieck, W			n,
20	S set	by F	1 ☐ Never Married 2 ☐ Mer 3 ☑ Widowed 4 ☐ Divorced	If Yes, Give	NO		1 □ Yes 2 🙀	No	Specify:				Specify:	77 4		
21215-0020	72 hours after death with the Maryland "natural", or items 23a or 28a-f show solded Examiner must be notified at			nt's Education	44	So Doon	dent's Usuel O	ooupo	ation			16h k	(Ind of Busine	hi		
15	C	Completed	(Specify only highe	st grade completed)		(Give	kind of work d	one d	during most	t of worki	ing	100. 1	and or busine	155/IIIU	ustry	
12	filed within Hygiene. rther then "	E	Elementery/Secondery (0-12)	College (1-4or 5	5+)		omema.ke	,	,				Home			
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Maryland	0 0 0 0	To Be	Vincent	Manco					Me	ırv	F.	Grah	em			
ary	d 2 should b th and Ments 7 is marked traumatic e	-	19a. Informent's Neme/Reletions	ship (Type, Print)	1	9b. Meili	ng Address (St	reet e						e. Zip	Code)	
Ž	d Para		Brenda Jenni	ngs (Daught			Summer									27/102
ľe,	a de e		20e. Method of Disposition	200 / 2000110	20b, Pleca	of Dispo	sition (Neme o	of .		ay c	Dete	20c. L	ocation - City	or To	wn, Stel	21401
9			1 Buriel 2 □ Cremetion 4 □ Donetion 5 □ Other (S				metory or other Memoria			nela	6-06	Mo	ldorf,	MT		
Baltimore,	교원론들 .		21. Signeture of Funeral Service		* * * * *		2. Neme end A								•	
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ı			23e. Pert1. Enter the diseese, or shock, or heart feilure. List	only one ceuse on each li	10.	20 110(6111	er the mode of	uyırı	y, such es	Cardiac	n respiretory e	arest,		1	Interve	Between
)	Physician /Medical		Immediete Ceuse (Finel	Carr	0				140	- 40	-5-01	2	2,5	-		1
	Examiner		diseese or condition resulting in deeth)	. Dever	e Co	110	none	1	71	Wi	0300	10	212		8	90
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	ertificate be executed ing physician and e es the burial-transit	Examiner	Immediate Cause (Finel disease or condition resulting In death) Severe Conomany Atherosclerosis Due to (or es e consequence of): Congestive Heaut Failure bue to (or es e consequence of): Candiac anythmia										-	0	70	
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Ö	s effe	Certification:	4 Hothlode	building, etc	;. (<i>эрөсну)</i>						City or To	WII, 3161	6)			
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certific completely filled in by the funeral director.		29a. Certifier 1 Cartifyin	g Physician: To the best of	of my knowled	ige, deeti	occurred et th	ne tim	e, date en	d plece,	end due to the	ceuse(s) and menner	es ste	eted.	(-)
	fre H in 24 fre Fr	edicai	one)	Examiner: On the basis of end menner sta	ted.	ena/or in	vestigetion, in r	пу ор	oinion, dee	th occurr	ed et the time,	dete en	d piece, and	due to	the ceu	ise(s)
	With To t	2	29b. Signeture end title of certifie	101-00	00.	4	29c. Lie	cense	number	6		29d. Da	ate signed (Me	onth, E	Dey, Ye	ar)
			1 Ka Ku	BNOW	19,1	MO	D-	20	10	8			3/4	11	96	
	10		30. Neme end address of person	who completed ceuse of d	eeth (Item 23	e) (Type,	Print)	, ,	WIT	E 0.	11 01	10	1		, ,	27.4
	10		30. Name and address of person	RORH, MI)	1413	00	GAL	- 1	7 TV	L O	XLN	130	WIE	MI) ~	0115
	Sta		31. Dete tiled (Month, Day, Year)	32. Registre	er's Signature											
	Registr	ar	MAR 0	5'1996 Juli	dividu	rlad	4									
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DHMH 16 Rev 6/95

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	Sac	E I	10a. STATE 10b. CDUNTY	14	_ ^	OWN DR LOCATIO	N	
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AND 21215-0020 the hospital or attending physician.	200	B⊀	3 Wildowed 4 Divorced	YES, GIVE WAR OR DATES		1 TYES 2	NO Specif	fy:
rtend rtend	8	B	15. DECEDENT'S EDUCATION		DECEDENT'S USU			
212 or a	n n n		(Specify only highest grade completed in the complete in the c	lege (1-4 or 5+)	(Give kind of work life. Do NOT use re-	done during most tired.)	of working	
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40.5	t be no	- 1	Sadra Dickerso	7	20291	Fox	Grov	e
- 6 °	must		20a. METNDO OF DISPOSITION 1 Burlal 2 Cremation 3 Removal tr		cremetory of ther	ISPOSITION (Name	e of	-)°
ALTIMOF leath. Page 6 m			4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEI	FX	ST 130	20 NAME AND	ADDRESS, OF F	3/2
	examiner		Lyoth C C	1 -4		Wh?	etun F	שטיב
BA Fer de	D = 0		Leun E. W.	Marlow		22171	who	4 N
BALT hours after death.	remo		23. PART I. Enter the diseases, or complete chock, or heart fellure. Liet of	lications that caused the only one cause on each i	deeth. Do not i	enter the mode	of dylng, suc	ch ss c
24 hou			IMMEDIATE CAUSE (Final	1.30	or Fr	rilure		
	- S -		disease or condition resulting in death)			Lixuri		
6876 recuted within	al, co			DUE TO (DR AS A CON	SEDUENCE OF:	Will.	130	0. ,
noeco	par	O	Sequentially list conditions, b.	DUE TO (DR AS A CON	SEQUENCE DEL	Octob,		fan
BOX	ne prior to	CATION	If any, leading to immediate cause. Enter UNDERLYING					
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P.O.	tal Hygier Y, or oth	CERTIFI	resulting in death) LAST					
	as been signed by the attending pri- lept. of Health and Mental Hygiene 23 shows any Injury, or other		PART ii. Other significant conditions con	ntributing to death but no	ot resulting in t	be underlying	ceuse given ir	Part I
RECORDS, requires that the dea	and w	MEDICAL	Solvero De	zul Falle.	< Olin	Vous	مي	
CO lifes t	Health a	ED	Working Olohay	100 JOHN OA	Can Can	<u> </u>		
m 5 3	0 0	Σ.	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF D	EATH YES	П по П	UNCERTAL	ΝП
Q 90 .	20 -	CIAN:	25. WAS CASE REFERRED TO MEDICAL		LACE OF DEATH (3	
	2 50		EXAMINER?	SPITAL:		THER: Nursing Home	5 Realdance	6 🗆 0
F SICI	After this certification of the second of th	PHYS	27. MANNER OF OEATN	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJUI	RY AT	28d.
O E	th with	> 1	t Natural 5 Pending 2 Accident Investigation	(MOINI, Day, 1881)	INJUNI	M 1 YE	_	
OIVISION OF VI		0 8	3 Suicida 6 Could not be	28e. PLACE DF INJURY — Al building, atc. (Specify)	I home, tarm, etrae	et, tactory, office		26t. 1
OR ATTENDING PHYSIC	hours after item 28 is	=	4 Homicide detarmined)
0 %		P.	29a. CERTIFIER CERTIFYING PHYSICIAN:	To the best of my knowledge	, death occurred a	t the time, data a	nd pleca, end du	a to the
SPITAL	within 72 TANT: If	COMPLETE	one)	the beals of examination and				
E HO	filed within	Ü	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	JMBER
	to the Funeral be filed within 72 IMPORTANT: If	00	Cythe Taw	m.1)			1670	15
- 1		2	30. NAME AND ADDRESS OF PERSON WND COM	APLETED CAUSE OF OEATH (ITEM 27) (Type_Pri	10-10-	0	
		1	THE CONSINE	4X1-	NAN	Lerziell	MIC	81
		'	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E			

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JAMES

08012 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH FEBRUARY 26, 1446 0415 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 09-22-4 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH WICOMICO 10d, INSIDE CITY t TYES 2 NO 10g. CITIZEN DF WHAT COUNTRY? 13. WAS DECENDENT OF NISPANIC DRIGIN? (Specify Yes or No—It yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE -- American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY 18. MOTNER'S NAME (First, Middle, Maiden Surname MARY myers Grove 2331 22171 Whaten Approximata interval Between **Onset and Death** wor Dijage

> DE DEATN? 1 TES 2 ND

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

28d. DESCRIBE NOW INJURY OCCURED

24a. WAS AN AUTOPSY PERFORMED?

1 TES 2 NO

26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

curred at the time, data and pieca, end dua to the cause(a) end menner as stated. etion, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

29c.	LICENSE NUMBER
	11115
	16113
	/ 4 / / /

4 ☐ Nursing Home 5 ☐ Realdance 6 ☐ Other (Specify)

CERTIFICATE OF DEATH

MAR 01 1996 Julia Develor Rardall

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rithm 24 hours after death. Pa	iletely filled in by the funeral or remation, or removal.	ent, the medical examine
ath certificate be executed w	ttending physician and comp tal Hygiene prior to burial, cr	, or other traumatic eve
The law requires that the de	te has been signed by the a te Dept. of Health and Mem	em 23 shows any Injury
ATTENDING PHYSICIAN: 1	CTOR: After this certifical s after death with the Sta	28 is marked, or ite
HOSPITAL DR	ERAL DIRI	T: If Item

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CERTIFICATION

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31. DATE FILED (Month, Day, Year)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Nagame

VIMALA N. NAGANNA, 700A Pode Rd, werterminate

32. REGISTRAR'S SIGNATURE

Jalia Davideor Revolate

96 08013 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 96 AR BANKERT JR. JOHN WILLIAM 10:40A " 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) August 4, 8. BIRTHPLACE (State or Foreig Country) DAYS HOURS 1 🖳 M 2 🗆 F 217-12-1739 71 YAS. 1924 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 953 Leisters Church Road Westminster Carroll RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Westminster Carroll 1 YES 2 1 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 953 Leisters Church Road 21157 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 XWidowed 4 Divorced W.W.II White 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Phone Installer Telephone Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John William Bankert, Sr. Mary Elizabeth Stultz 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alda E. Gesell 1205 Fairway Drive, Westminster, MD 21158 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 □ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Benjamins (Kriders) Cemetery, Westminster, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home ullho 91 Willis Street, Westminster, MD 21157 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart fellure. List only one ceuse on each line. Approximate interval Between Onest and Death IMMEDIATE CAUSE (Finel accinema Metaltatic disease or condition assuic reaulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury **OUE TO (OR AS A CONSEQUENCE OF)** thet initieted eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Pulmona Chromic disease COMPLETION OF CAUSE 1 TES 2 1 OF OF ATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\text{NO } \text{VINCERTAIN } \(\text{L} \) 25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 27. MANNED OF DEATH 28e. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

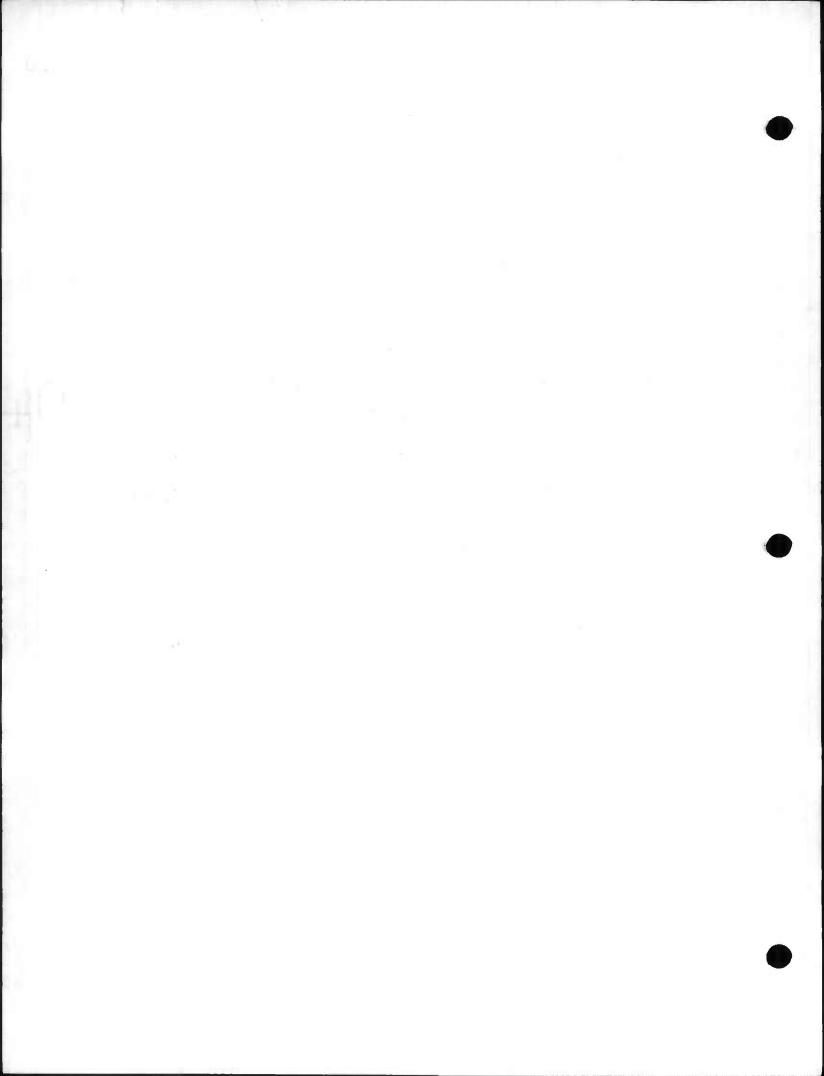
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29d. DATE SIGNEO (Month, Day, Year)

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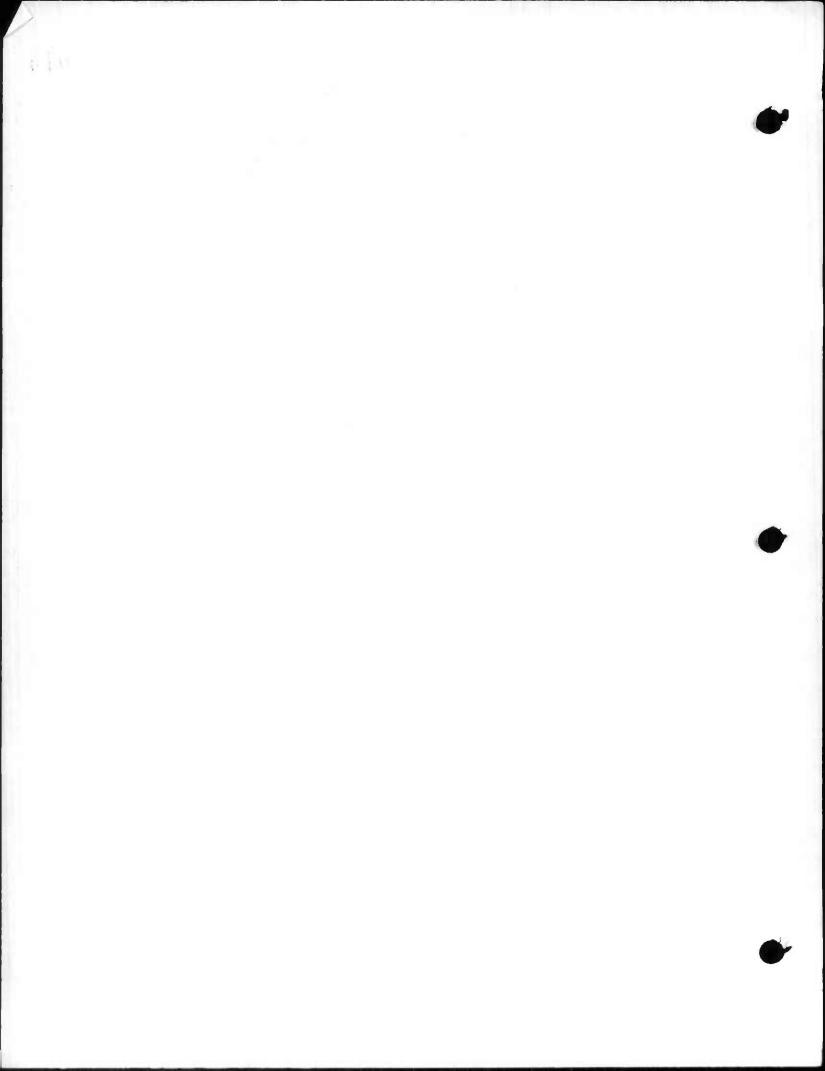
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	0.					
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATN		3	. TIME OF D	EATN	-	
1	Roswell Bascom Broun	n, III				March 7, 1		YEAR	7:00		м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	iE (In yrs. lest birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPL	ACE (State o		_	
	219-03-2698	1 🔲 M 2 🗆 F	76 YRS.	MONTHS DAY		(Month, Day, Year)		Country)				
	9a. FACILITY NAME (If not Institution, give		70	9h CITY TOW	N OR LOCATION OF D	May 20, 19			ngton,	D.C.	_	
<u>«</u>		,				EAIN	9c. COUNT					
6	611 East Key Way Leonardtown St. Mary's											
12	10a. STATE 10b. COUNT	ry	10c, Cl	TY, TOWN OR LO	CATION			10	Dd. INSIDE C	TY	_	
DIRECTO	Maryland St.	. Mary's	Le	eonardtow	n				LIMITS?			
	10e. STREET AND NUMBER				10f. ZIP CODE		40° CITIZE		X YES 2		_	
FUNERAL	611 Fact Voy May				20650		0.0			11		
I Z	611 East Key Way	12. WAS DECEDENT EVE	2 14 11 2 4 20452	40,000				ed St				
	1 Never Married 2 Married	FORCES? 1 YE	S 2 XNO	If yes,	Specify Cuban, Mexico	NIC ORIGIN? (Specify 'sn, Puerto Rican, etc.)	fes or No 14		- American II White, etc.	ndien,		
≧	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 Y	ES 2 NO Specif	fy:		Specify:				
입	15. DECEDENT'S EDI	JCATION	16a. DECEDENT'S	I USUAL OCCUPA	TION	40. 200.		Whit	,e		_	
E	(Specify only highest grad Elementary/Secondary (0-12)	e completed)		work done during		100. KIND OF E	USINESS/INDUS	SIMA				
=	12	College (1-4 or 5 +)	Accounta			Book	keeping					
COMPLET	17. FATNER'S NAME (First, Middle, Last)		7 ICCOUNTE	aric							_	
1 - 1	Roswell Bascom Brou	a Tr			Nancy M	AME (First, Middle, Maid	n Sumame)					
BE	19a. INFORMANT'S NAME (Type/Print)	i, JI.	Description of the second									
임						Route Number, City or To		ode)				
	James W. Densford,					, Maryland 2						
	20s. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Ren	noval Irom State	ob. PLACE AND DATE	OF DISPOSITION (OCATION - CIT					
	4 Donation 8 Other (Specify)		emetery crematory or o			3/11/96 Lec	nardtown	, Mar	yland			
	22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home, P.A.											
	Edward N. Brinsfield Jr. M00052 P.O. Box 279, Leonardtown, Maryland 20650											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory street.											
	anock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition	Sancin	~	.00	Comia				Onset a	ind Das	th	
	resulting in daeth)	a. OG V WYY		D D	Coracin	work.			-			
	_	DOE TO (ON A	A CONSEQUENCE O	- J:	+ uppe	er lob	-		16 h		,	
CATION	Sequantially list conditions,	b DUE TO (OR AS	A CONSEQUENCE O	NE)					PA	ree	5	
¥	if any, leading to immediate cause. Enter UNDERLYING											
	CAUSE (Disease or Injury that initieted events	C DUE TO (OR AS	A CONSEQUENCE O	PF):					 		_	
RTIF	resulting in death) LAST			,					İ			
B		d							 			
CAL	PART II. Other significant condition	ns contributing to death	but not resulting	in the underly	ing ceuse given in	Part I. 24s. WAS A	N AUTOPSY		ERE AUTOPSY		S	
DICAL CE	Recurre	nt asp	nowhor			1 _ YES	PRMED?	00	MILABLE PRIC			
MEC	(DAC)	nt asy. Res	matism	1 ins	100M0 400		2000		F DEATH?	of arm		
	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH Y	ES I NO	UNCERTAIL	ki m		''	VES 2	NO.		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	1	28. PLACE OF DEA								_	
잃	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O		OTHER:		H = 4000 ACCO					_	
H	27. MANNER OF DEATN	28a. DATE OF INJUR			ome 5 Residence		1 (h) (l) (m) (h) (h) (h)					
۵.	1 Natural 5 Pending	(Month, Day, Year,		JURY	VORK7	28d. DESCRIBE HOW	INJURY OCCUP	RED				
BÁ	2 Accident Investigation	28a PLACE OF IN ILLI	RY At home, Jarm,		YE8 2 NO							
유	3 Suicide 8 Could not be determined	building, atc. (Sr	pecify)	atreet, ractory, or	ica	281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Rout	e Number,			
<u> </u>	20a CERTIFIER											
COMPLE		ICIAN: To the best of my kno										
ő	2 MEDICAL EXAMINE	ER: On the basis of examinat	ion and/or investigation	on, in my opinion	death occured at the	lime, data and place,	and due to the c	ause(a) an	id menner ar	a stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29g LICENSE NUM	MBER	29d. DATE S	IGNED (Mo	onth, Day, Yer	Br)	\dashv	
0 8	Levin	Jonsen	1	M ()	D271	89	≥ 2	14	4.91			
F	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	БАТН (ITEM 27) (Туре	, Print)					1/2	2	-	
1	1.0. 150-	x 1289	WA	LOURF	MN	. 20	604	•			-	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG					_				-	
	MAR 1 4 1996	Julia David	war Roulall									



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-	-		4 December Nove (Free Atlanta Asia)			Certificate	or Death		Reg. No.		
п	Physic	ian	Decedant's Nama (First, Middle, Last,)				2. Deta of De Month	ath Dey	Year	3. Tima of Death
A	/Medi		GRACE GENEVA	-	В	ARNES		March		996	10;00 A.M
)	Exami	ner	4e. Fecliity Neme (If not institution, give	street and number)			4b. City, Tow	n, or Location of Deat	4c. County	of Death	
	3 - 0		St. Mary's Hospit				Leonard			Mary	s
	Funeral		5. Social Sacurity Number 6. San	1M 081E	n yrs. last bir	Months E	Yeer If Under 2 Pays Hours	Min. (Month, Da	th y, Year)	9. Birthp Cour	piaca (State or Foreign
	Director		217-30-1088	3M 2GF 88		Yrs.		July 28	1907		yland
	pue *		Usuai Rasidanca of Dacedant 10a. Stata 10b. County	10	c City Tow	n or Location				T.	0d. Insida City Limits
	aho	2	iss. county		o. Oxy, Tom	or Education					1 ☐ Yas 2 🖾 No
	No N	Director	Maryland St. Mar	y's	Piney	Point					
	Nith Vith	ā	10e. Street end Number			10f. Zip Co			10g. Citizen of		ntry?
	death with the Marylend ma 23a or 28a-f ahow	Funeral	232 Piney Point Ro				20674		U.S.		
	er de	une	11. Maritei Stetus	Was Decedant Eva Armed Forces?	r In U,S.	13. Was Dacedan If Yas, specify	t of Hispanic Orlgi Cuban, Maxican,	In? (Specify Yas or No Puerto Rican, atc.)	- 14. Rad Bla	a - Amaric ck, Whita,	
20	s aft	by F	1 ☐ Nevar Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yas, Giva		1 ☐ Yes 2 🖸	No Specify:		Specif	v: B1:	ack
00	72 hours after natural, or ita	D		Yaar or Datas:	1 15					~	
5	nat Polici	Completed	15. Decedant's Edu (Specify only highast grade	cation s com <i>pleted)</i>	168.	Giva kind of work of lifa. DO NOT use it	locupation fona during most	of working	16b. Kind of B	usiness/In	dustry
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Z	should be filed within nd Mental Hygiena. marked other than " umatic event, tre Mis-	To		Pears			Mary	An		Camp	
Maryland 21215-0020	12 sl		19a. Informant's Name/Raiationship (Ty					or Rural Routa Numb			
	1 and lealth im 27 ther tr		Alvin R. Barnes 20a. Mathod of Disposition	Son				y Point, M			
altimore,	Pegas net: If Ita		1 Burial 2 Cramation 3 R	amoval from Stata	cemata/	Disposition (Nama y, crematory or othe	r place)	Data	St. Ge	eorge	's Island
Ë	men men tant:		4 □ Donetion 5 □ Othar (Specify)		St. L	ukes Ceme	tery	3/16/199	6 Maryla	and	
Bai	permit. Pegas 1 and 2 should be filed within 72 hours after death with the Marylen Department of Health end Mental Hygiena. Important: if Item 27 is marked other than "natural", or itama 23a or 28a-f show any Injury or other traumatic event, the Medical Examinet must be notified at once.		21. Signatura of Funarel Sarvica License	9			ddrass of Fecility	iner Funer	al Home	рΛ	
ш	20 E & 3		or Juchael X-X	Pardiner		_		eonardtown			
			23a. Part1. Entar the diseasa, or compli shock, or haart failura. List only or	cations that causad the	death. Do r	not antar tha moda o	f dying, such as c	ardiec or respiretory a	rrast,		Approximata
l.	Physician		onoon, or made randia. Elocothy of	ia dada di aadi iila.						1	Intarval Batween Onsel Ind Death
7	/Medical		Immediata Causa (Final diseasa or condition	Come 7	- H	Est Fo	1. 8	with Cor	Pulma	0	1 mth
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	asth certificate be executed ettending physician and for use as the burial-transit	Examiner	Sequentially list conditions	Due	to for as a c	consequence of):) 11	- Carpo	Tues
ó	exec an an rial-tr		Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying	100	1				V	1	year.
760,	sicis bull	cai	Causa (Diseasa or Injury that Initiated evants							-	Jan
89	iffical g ph	8	rasulting In death) Last	0.775						- 30	
Box	ndin use	3	•	l							
	The law requires that the death certificate ate hes been signed by the ettending physpage 2 should be detached for use as the	Physician/Medi	Part II. Other significant conditions con	tributing to death but n	nt resulting in	the underlying caus	a given in Part I	23h Did	tohacco use co	ntribute to	the cause of death?
Q.	the dr	hys		0 0		i thu officerlying occur	a givan ii i an.		Yes 2□ No	3 □ Pro	
	that ned l	by P	Acuto Rena	I Fait	me				2010	4 110	
Records,	n sig		1 /			0			an autopsy	24b. W	ara sutopsy findings
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								10'	1	11	Yes 2D No
Vita	Attending Physician: The indeath. ector: After this certificate he by the funeral director, page	Be	25. Was casa rafarrad to medical axaminer?	lospital:			Other	of Daath (Check only o			
Division of	this ral di	. To	1 Yes 2 No	1 Inpatient 28a. Date of Injury	2□ER/Ou		4 LINUIS	sing Home 5 Resi			(v)
Ę	aling Phys h. After this funeral d	- Lo	1 Natural 5 Panding	(Month, Day Ye			injury at Work?		how injury occur	Ied	
S	tend seath tor:	cat	2 Accident investigation 3 Suicida 6 Could not be			M	1 ☐ Yas 2 ☐ N				10
$\overline{\underline{\mathbf{z}}}$	l or Attendi efter death Director: A d in by the f	Certification:	4 ☐ Homicida datarmined	28a. Place of Injury building, atc. (S	At homa, fa Specify)	rm, street, factory, o	ffice	City or To		oer or Huri	Il Routa Number,
	To the Heapital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completaly filled in by the funeral										
	Hose 14 ho Fune taly f	edica	(Uneck only " 2 Medical Examin	ician: To the bast of m	ımination and	, daath occurred at t d/or invastigation, in	ha tima, data and my opinion, daath	place, and dua to tha occurred at tha tima,	causa(s) and made, data and place,	anner as s	tated. tha causa(s)
	the the	Med	one)	and mannar statad							
	5 ± 5 8		29b. Signature and title of certifier	-		State: F	cense number	. 1	29d. Date signe	iu (Month)	Lucy, rodr)
						D	19917		3/14	196	
			30. Name and address of person who co	poletst cause of death	(Item 23a) (Type, Print)			/		
		-	DR. JAMES C. BOYD	7			LE	CONARDTOWN,	MD. 206	50	
	Sta	-	31. Date filed Marek Day, Year 1996	P. Registrar's	Signatura	1.11					
	Registr	ar	1 000	yaura ariusu	Charles Charles Charles	- LAF					

DHMH 16 Rev 6/95

 FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

MAR 1

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1. DECEDENT'S NAME (First, Middle, Last)

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7. DATE OF BIRTH -22-2309 216 use as the burial-transit permit. Pages 1, 2, 3 should FACILITY NAME (If not institu DIRECTOR HOSPIAL 10c. CITY, TOWN OR LOCATION Brandywine FUNERAL 100. STREET AND NUMBER 101 ZIP CODE 12304 Koaa 20613 after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Maxican, Puerio Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES7 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Married BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) P.G. County stodian funeral director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last 18. MOTHER'S NAME (First, Mid Richar Brown Johanna notified at BE 195 MAILING ADDRESS (S 2 Kichar 9 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na must Buriel 2 Cremation 3 Donation 6 Other (Specify) Brandywine, Maryland Gibban's United Methodist Church examiner SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY Adams Fureral Home in by the in removal. 07 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or head allure. List only one cause on each line. filled **IMMEDIATE CAUSE (Finel** cremation, traumatic event, the diseess or condition ACUTE MYOCARDIAL INFARCTION. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) bunal. AORTIC ANENRYSM CERTIFICATION and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL EPPERT any OF ANTI COAGULANT Signed | 1 TES 2 NO Shows been 1. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗌 NO 💆 UNCERTAIN 🗍 PHYSICIAN: has be Dept. 23 26. PLACE OF DEATH (Check only of 25. WAS CASE REFERRED TO MEDICAL item certificate to the State HOSPITAL: 1 YES 2 70NO 0 the 27. MANNER OF BEATH 28c. INJURY AT WORK?

1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED this cu marked, 1 Natural
2 Accident 5 Pending BY After death Investigation 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Rou City or Town State) 28 is I 6 Could not be determined COMPLETED DIRECTOR: I 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 29 29a. CERTIFIER (Check only Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beale of examina investigation, in my opinion, death occured at the time, data end piece, and due to the ceuse(e) a 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE D28281 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
WELSON BENDEYS, 89 26 1500) WELSON CLINTON , 89 26 LETTO YORD ROAD #102

32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

08016

YEAR 1996

9c. COUNTY OF DEATH

Prince

10g. CITIZEN OF WHAT

la uasco Mar

29d. DATE SIGNED (N

3

6)9

6. BIRTHPLACE (State of

105 A M

GEORGA

10d. INSIDE CITY

YES 2 NO

COUNTRY?

Black

14. RACE — American indien, Black. White, etc.

School Board

Jary land 20613

20608

Approximate Interval Batween

Onset and Death

10 Dan

10 tage

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

OF DEATH?

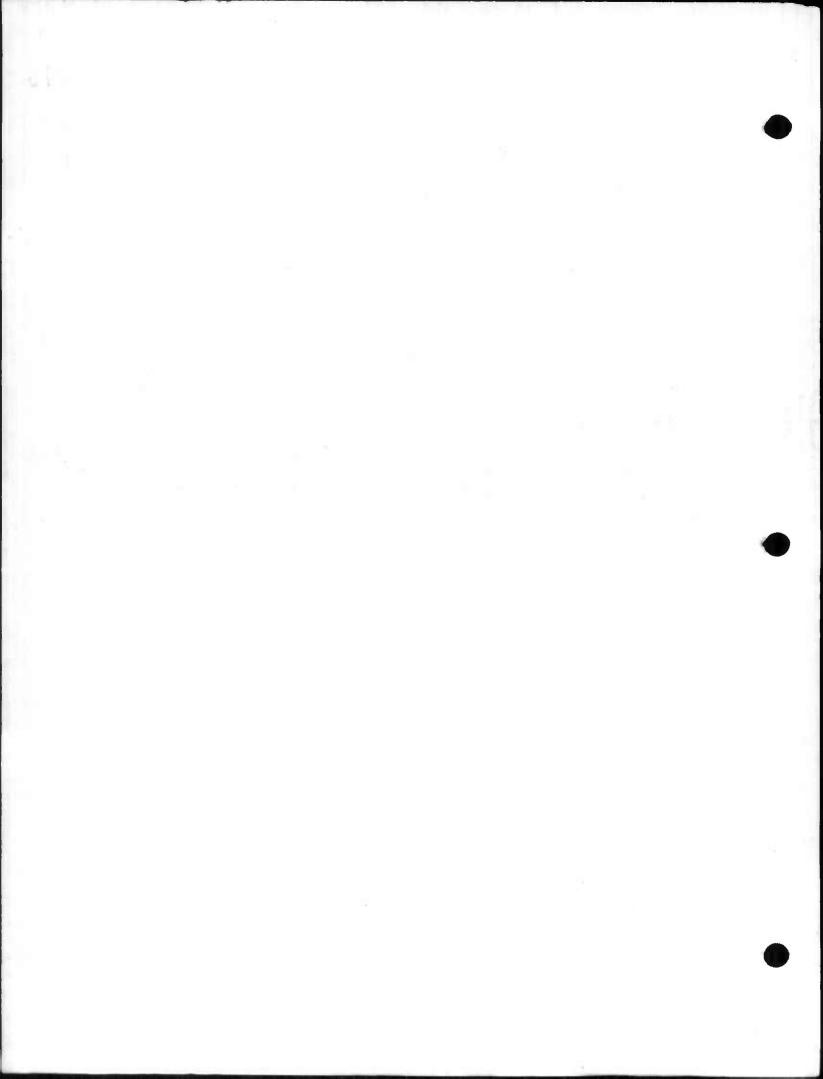
COMPLETION OF CAUSE

REG. NO

2. DATE OF DEATH

MARE H

te Number,	
nd manner as stated.	ĺ
lonth, Day, Year)	
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Test to the second	l
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

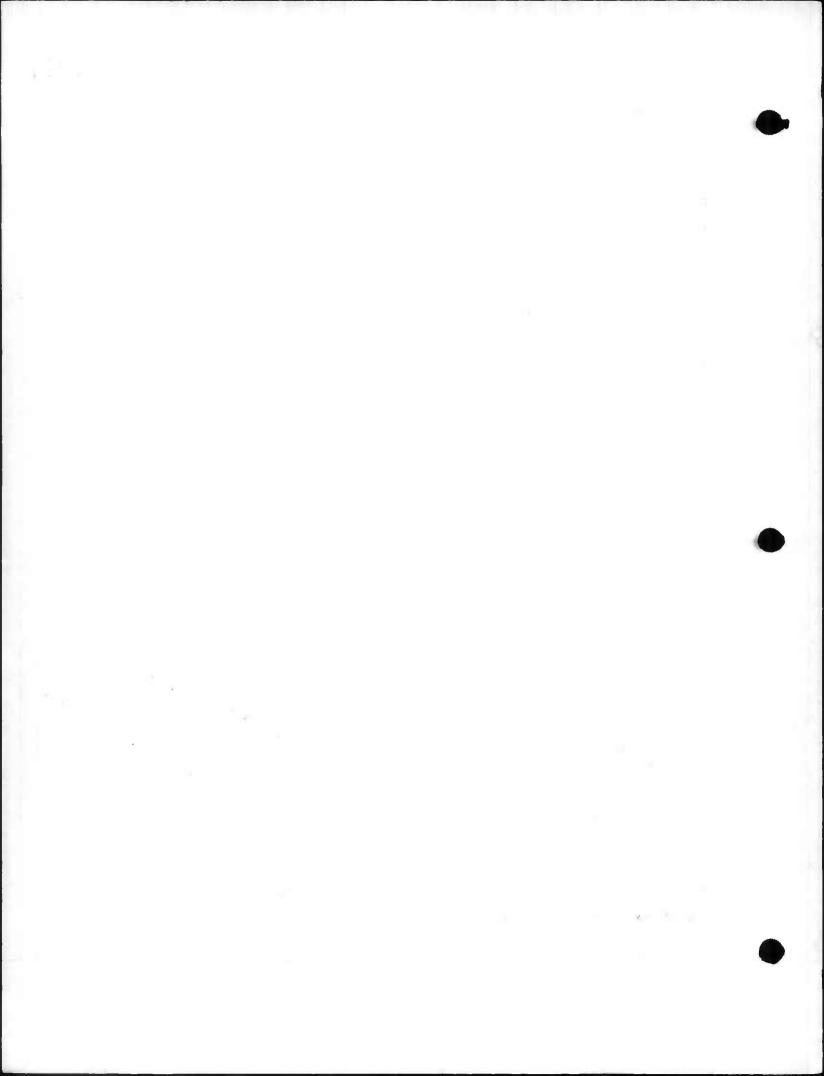
	REGISTRAR	CERTIF	ICATE	E OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEA	ТН	
	Carolyn Elizabeth Bar	nes	nes					19	96	8:12	Ам	
		s. lest birthday)	IF UNDER	t YEAR	IF UNDER 24 HRS.	Marc 7. DATE OF			8. BIRTH	IPLACE (State or Fi	orwign	
	579-38-9046 1 N 2 X F 74	4 YRS.	MONTHS	DAYS	HOURS MIN.	July	1 7	924	Mar	vland		
_	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY	, TOWN	OR LOCATION OF DE	EATH		9c. COU	NTY OF D			
DIRECTOR	7535 Burch Road		Po	rt	Tobacco			Cha	arle	S		
REC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN C	R LOCA	TION					10d. INSIDE CITY	,	
	Maryland Charles	Po	ort	Tob	acco					1 X YES 2	NO	
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?		
NE I	7535 Burch Road				20677				SA			
3	11. MARITAL STATUS 1 Never Merried 2 Married FORCES? 1 YES 2	NO			ENDENT OF HISPAN ecity Cuben, Maxica			or No-		RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	3	1	YES	2 NO Specify	y:			Speci	Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	B. DECEDENT'S				16b. K	IND OF BUS	SINESS/IN	DUSTRY	DIGCK		
	Elementary/Secondary (0-t2) College (1-4 or 5+)	life. Do NOT us	se retired.)	soming mo	or or working							
MP	12	Homer	nake	r		-	omes					
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			,				
H	John Proctor 196. INFORMANT'S NAME (Type/Print)	T 195 MAII INC	Anneses	2 /Strant a	Estel	_			Codel			
2	Gloria Rilev	l .			Place F					20677		
		ACE AND DATE	OF DISPOS	ITION (NA	medaho 1	ODE	20c. LO	CATION -				
ŀ	1 Burlel 2 Cremation 3 Ramoval from State Commeten Com	Igna i	ther place)	Ce	arch8,1	990	Hil		-	arylan	а	
	21. SIGNATURE OF TUNERAL SERVICE MICENSEE		22.	NAME A	ID ADDRESS OF FA	CHITY						
	· Lloyd M. when	1	Ad	lams	Funera	al HO	me,A	qua	sco,	Maryla 2060	nd 8	
	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest,											
	IMMEDIATE CAUSE (FINAL	iiiio.			,					Onset and		
	disease or condition resulting in death)											
Ì	bue/to (or as a consequence of):											
NO N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE OF THE CONSCIUNCT OF STATE OF THE CONSC											
¥	if any, leading to immediate cause. Enter UNDERLYING	1	0	1	_)	1		1		į		
CERTIFICATION	thet initiated events	NSEQUENCE	F):	12	<i>u</i> -			_				
ERT	resulting in death) LAST											
	PART ii. Other significent conditions contributing to deeth but in	not resulting	in the un	derivin	ceuse given in	Part i. 2	ta, WAS AN	AUTOPSY	24h	. WERE AUTOPSY F	MUMOS	
DICAL			t resulting in the underlying cause given in Pa					PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED						- '	☐ YES 2	MO		OF DEATH?		
2	DID TOBACCO USE CONTRIBUTE TO CA	USE OF	DEA1	TH Y	ES I NO	N				1 TYES 2 D	NO	
AN	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Chi	_ 🗀						
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 tnpetient 2 ER/Outpetier	nt 3 🗆 DOA	OTHER		e 5 Tasidence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. TIM		28c. tNJ		26d. DESC		NJURY OC	CURED			
BY	t Natural 5 Pending 2 Accident Investigation		М		YES 2 NO							
- 10	3 Suicide 6 Could not be 4 Homicide determined	At home, tarm,	street, tect	ory, offic		281. LOCAT	ON (Street a Town, State)	ind Numbe	r or Aural F	Route Number,		
OMPLETED												
릴	29s. CERTIFIER (Check only one)											
0	2 MEDICAL EXAMINER: On the basis of examination and	d/or investigation	on, in my o	pinion, d	eath occured at the	time, data er	d place, en	d dua to ti	he cause(e	end manner as a	tated.	
BE	SUSPENDENT LEVEL WAS THE OF CERTIFIER	MAS	1.e	V	29 UCENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) /5	Drippe)	* /	1-C A	406	8	- /1	lanc	x 6,14	76	
1	Dr. HANOUTCHEHR HOASSER, M.			0	ain Hwy	R.	1		La se	10612		
	31. DATE FILED (Month, Day, Year)32. REGISTRAR'S SIGNATUR		ω 3	<u></u>	am nwy	NEW	AGAM	MEL	10.	20013	_	
	MAR 1 1 1996 Julia dandesor har	dall										
				_								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foreign page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORINE If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

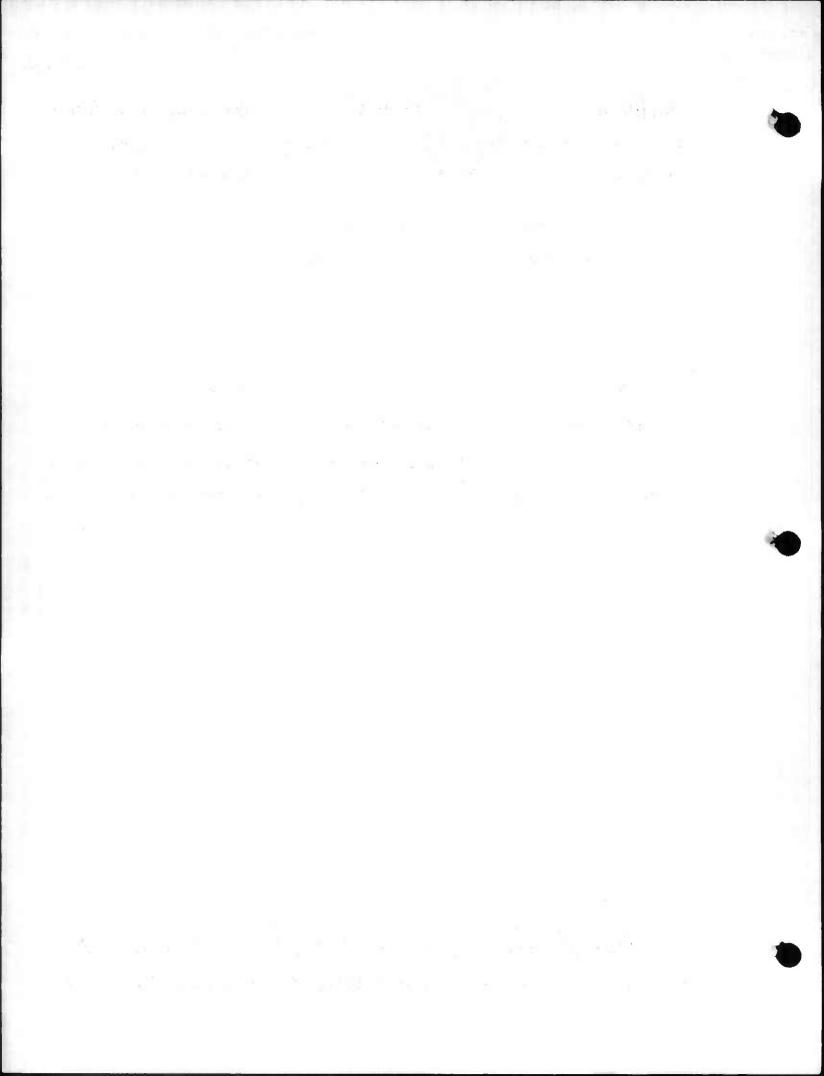


Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

DRDIR

					Cer	tificate of	Death		Reg. No.	, 0	00010
	Dhysisi	an	1. Decedent's Name (First, Middle, Last)		0	1 1		2. Date of De	ath Day	14 :	3. Time of Death
1	Physici /Medi		William		Dar	ikston		March	12	996	4:40+M
7	Examir	ner	4a. Facility Name (If not institution, give stre	to the second			4b. City, Town, or	Location of Deat	h 4c. County	of Death	
			Shady Grove Hospita				Rockvill			tgomer	d
	Funeral Director		5. Social Security Number 416-03-9618 Usual Residence of Decedant	2□ F 79	st birthday) Yrs.	If Under 1 Yaar Months Days	If Under 24 Hrs Hours Min		th by, <i>Year)</i> ,1916	9. Birthplac Country Alaban	ca (State or Foreign r) na
	ylend		10a. Stata 10b. County	10c. City,	Town or Loc	ation	······································			10d	I. Inside City Limits
	Mer al	ctor	Maryland Montgome	ry	Roc	kville					1 ☐ Yes 2 ☑ No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Country	n
	ath w		14901 Waterway Driv				0853		USA		
	ltem Item	Funeral	11. Maritai Status 12. 1 ☐ Never Married 2 ☒ Married	Was Decedant Evar in U,S. Armed Forces? 1 ⊠Yes 2 □ No	. 13. W	as Decedent of F Yes, specify Cub	lispanic Orlgin? (S an, Mexicen, Puer	Specify Yes or No rto Rican, atc.)	14. Rac Blac	e - American ck, White, etc	
21215-0020	within 72 hours after death with the Meryland ene. than "natural", or items 23a or 28a-f show he Medical Exam or must be recited at	by F		If Yes, Give Year or Datas: WW II	1	☐ Yes 2 No	Specify:		Specify	"White	2
2-0	hin 72 ho		15. Decedant's Educati (Specify only highast grede co	on		ant's Usual Occur	pation during most of wo	odein +	16b. Kind of B		
21	within ene.	Completed	Eiementary/Secondary (0-12)	College (1-4or 5+)	life. D	O NOT use retire	d)	nking			
12	DD		12		Supe	rvisor	40 44-11 - 4- 41-			inicat:	ions
and	o da da	Be	17. Father's Name (First, Middle, Last) Joseph Bankston					me <i>(First, Middl</i> e, Blackbur		Θ)	
Z	d 2 should be in and Mental 7 is marked or traumatic even	To	19a. Informant's Name/Relationship (Type,	Print)	19b. Mailine	Addrass (Street	end Number or R			State. Zip G	ode)
Ž	alth a		Virginia B. Banksto				y Drive,				
ore,	of Haali item 2 r other		20a. Method of Disposition	20b. Pla	ce of Dispos	Ition (Neme of atory or other ple		Date	20c. Location -		
Ē	Pag ment: M ury o		1 ☐ Burlai 2 ☐ Cremation 3 ☐ Rem- 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	•	Cemetery		3/15/96	Rockvi.	lle, M	aryland
Baltimore, Maryland	pemit. Pagas 1 popartment of He Important: If termany injury or oth once.		21. Signature of Funeral Service Licensee	7.1		Name and Addre	,	- E	1 11	T	
_	005 e 0		Mouther F	hel	50	00 Unive	. Collinates Collinate	vd.W. Si	lver Spi	ring,	MD 20901
Ġ.	1145	6 1	23a. Part1. Enter tha disaasa, or complicati shock, or heart failure. List only one c	ons that ceused tha death. ause on each line.	Do not ente	r the mode of dyli	ng, such as cerdia	ic or respiratory a	rrast,	In	pproximata ntarval Between Inset and Death
×	Physician /Medical		Immediata Causa (Final	Brongell	Jane	•				10	2011
П	Examiner		disaase or condition resulting in death) a	major per	NIC	unner of):					1. He
	DY 188	ner		asse on each line. Aspergill Lung al	S a consequ	dance or):				1	wyths
	acuted ind transi	Examiner	Sequentially list conditions, if any, leading to immediate	Due to (or a	is a consequ	uance of):					
60,	icata be axecuted physician and s tha buriel-transit		Cause (Disease or Injury							-	
68760,	carificata be axecuted ding physician and usa es tha bunel-transit	edical	that initiated events rasulting in death) Last	Dua to (or a	s a consequ	ence of):				1	
×	feath cartifica attending pl	Σ	d							1	
. Bo	death e atter	sicla	Part II. Other significant conditions contrib	uting to death but not result	ing In the un	derlying cause giv	ven in Part I	23b. Did	tobacco una co	ntribute to th	he cause of death?
P.0	tha yy th	by Physician	. /	/ .	0	1		b	Yes 2 No		bly 4 Unknown
-	Se ig	by I	a a	1 = 0							
Records	requ	Completed	acute renal	failure					an autopsy ormad?	availa	autopsy findings able prior to detion of ceuse
Rec	has has	mpl		U						of dea	ath?
Vital	iclan: Tha k cartificate he rector, page		25. Was cese referred to medical					10	~~	1 D Y	Yes 2□ No
		o Be	axaminer?	oital: 1 npatiant 2 E	R/Outpatient	3 DOA Oth	var.	eath (Check only of Home 5 - Resi		ar (Snacihi)	
l of	g Phys ar this naral di	n: T	27. Manner of Death		8b. Tima of	28c. Injur	ry at		how injury occur		
Sior	Attending Ph r daath. ector: Attar th by tha lunaral	atlo	1 Natural 5 Pending investigation	(Monar, Doy 1 dar)	Injury		Yes 2□No				
Division	or Attending after daath. Director: Aftar d in by the luna	Certification:	3 Suicide 6 Could not be determined	8e. Place of injury - At hom building, etc. (Specify)	e, farm, stre	et, factory, office		28f. Location (City or To	Streat and Numb wn, State)	er or Rural R	loute Number,
Ω	oltal or oral Oli		20.0.0								
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) 1 Certifying Physicia 2 Medical Examinar:	n: To the best of my knowle On the basis of examination and manner stated.	edga, daath n and/or inve	occurred at the tirestigation, in my o	me, date and plac opinion, daath occ	e, and due to the urred at the time,	ceuse(s) and ma date and place,	innar as state and dua to th	ad. na ceuse(s)
	To the within 2 To the comple	Me	29b, Signature and title of certifier	2/		29c. Licens	se number		29d. Data signe	d (Month, Da	ıy, Year)
r			> Alua & C	Langler	-Mu	1 29	453	/	Murch 1	2 19	96
X	1		30. Name and addrass of person who compl	ated causa of daath (Item 2	3a) (Type, P	Print)					
1	l		ALAN S- CHANAIL	ated causa of daath (Item 2		Y GRUU	E RO	ROCKU	LE MI	202	923
	Sta Registr		31. Date filed (Month, Dey, Year)	32. Registrar's Signatur		# at					
DH	MH 16 Ray 6/9		WAK 14 19	196 Julia Dave	works.	Wall					
211	10 1104 013;	_	£	_							



nay be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

SALLIMONE, MANICAND SIZIS-0020	Jurs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.	
CONTROL OF ALL AL COUNTY, T.O. BOX 00100,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

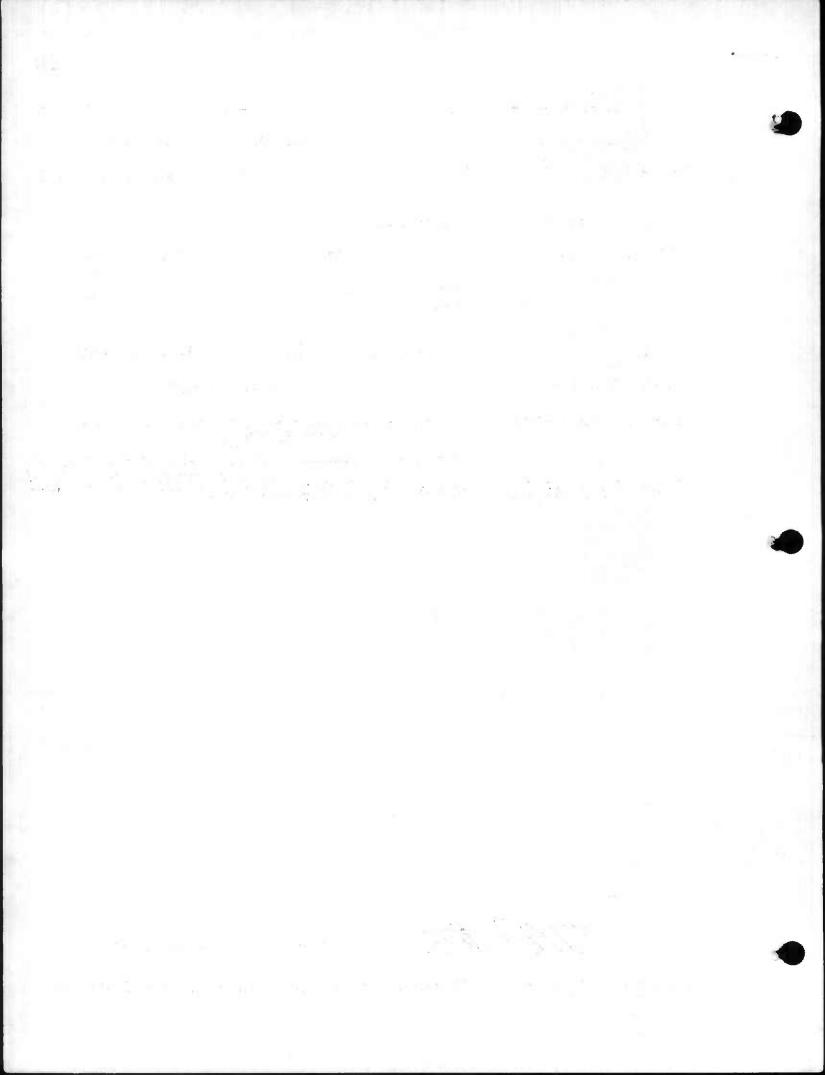
	1 - FOR STATE OF MARYLE	AND / DEPARTMENT O		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	CLARA BERNSTEIN			FEBRUARY 2	6, 1996	12:50PM w
		n yrs. last birthday) IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign
	056-52-5036 1□M2∏F	94 YRS.		AUGUST 15,	1901 UNK	•
05	9a. FACILITY NAME (If not institution, give street and number)		WN OR LOCATION OF DE	ATH	9c. COUNTY OF	
힏	HEBREW HOME OF GREATER WASH	NGTON ROCK	VILLE		MONTGOM	ERY
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR L	OCATION		-	10d. INSIDE CITY LIMITS?
	MARYLAND MONTGCMERY	ROCKVII	LE			1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 6105 MONTR(;SE ROAD)		10f. ZIP CODE			WHAT COUNTRY?
NE		T	20852		UNITED	
	1 Never Married 2 Married FORCES? 1 YES	2 NO If ye	DECENDENT OF HISPANI a, specify Cuban, Mexican	n, Puerto Rican, etc.)	Blac	E — American Indian, ck, Whita, atc.
В	3 X Wildowed 4 Divorced IF YES, GIVE WAR OR D/	iles 1	YES 2 X NO Specify:	:	Spec	WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUAL OCCU	PATION a most of working	16b. KIND OF BUS	INESS/INDUSTRY	
	Elamentary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use retired.)		OT DY TOO YE		
ğ	17. FATHER'S NAME (First, Middle, Last)	HOMEMAKER		OWN HOME		
EC	UNK.		UNK.	ME (First, Middle, Maiden	Surname)	
00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (St		loute Number, City or Town	n, Stete, Zip Code)	
임	SOPHIE GREENBLATT (DAUGHTER) 9002 GLENVI	LLE ROAD -	SILVER SE	RING, MI	20901
		PLACE AND DATE OF DISPOSITIO	N (Name of	1	CATION — City or T	
	4 Donation 5 Other (Specify) MT	COMFORT			ANDRIA,	/IRGINIA
d	A SERVICE LICENSEE	DANZ	ANSKY-GOLD	BERG MEMOR	RIAL CHAI	PELS, INC.
	Hanh ON		VILLE PIKE			AND 20852
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on each	tha death. Do not anter the sch lina.	moda of dying, such	as cardiac or respi	ratory srrest,	Approximata Intarvai Between
	IMMEDIATE CAUSE (Final disease or condition	102	itic			Onset and Daath
	disesse or condition resulting in death) a. A Spiratory DUE TO (OR AS A	CONSEQUENCE OF):	-			Immediate Years
z	- Altherne	ers demer	the			years
6	ir sny, laading to immadiata	CONSEQUENCE OF):				
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST	Hall Car 200				į l
- 11	PART II. Other significant conditions contributing to death b					
CAL	Cerebrovascular insu	ff, any	lying cause givan in i	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
		7		1 🗆 YES 2	NO	OF DEATH?
≥	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DEATH	YES T NO			1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH (Che	ick only one)		
L SIC	1 YES 2 NO HOSPITAL:	etlant 3 DOA 4 Nursing	Homa 5 - Realdence	8 Other (Specify)		
표	27. MANNER OF DEATH 1. Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	INJURY	: INJURY AT WORK?	28d. DEŞCRIBE HOW II	NJURY OCCURED	
à l	2 Accident Investigation	— At home, farm, street, factory,	YES 2 NO			
COMPLETED	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY building, atc. (Spec	— At normal, marm, street, factory,	Offica	28t. LOCATION (Street a City or Town, State)	ind Number or Flural	Houte Number,
, E	29a. CERTIFIER (Check only Check only Land CERTIFYING PHYSICIAN: To the best of my know)	edge, death occurred at the time	data and place, and due	to the county) and man	and an almost	
Š I	(Check only one) 2 MEDICAL EXAMINER: On the best of examination					(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM			D (Month, Day, Year)
BE	and lan mo		D239	58	1 2/2	-6/96
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	0 0		000	005
	Burs I. Feldman, M.D., 613	4 Montrose	rel., Ko	ckville	MD 2	0832
	MAR 04 1996 32. REGISTRAR'S SIGN.	ATURE				
	1330	TARLE				DHMH-16 Rev 1/89

and the second of the second of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of Ma	arylan	-			and Mental H	ygiene 9	6	080	20
	1	\me	nded #20b, 3/5/96,		. Cty	, Cei	rtificate of	Death	The section of	Reg. No.			
-10	Physici	an	Decedent's Name (First, Middle, Last)						2. Date of D Month	Day	Yaar	3. Time of	
ব	/Media Examir	_	Herman Way 4a. Facility Name (If not institution, give s		namp			4b. City, Tov	March wn, or Location of Dea	2, 1996 th 4c. County		9:45	AM
	Exami	iei	7517 Arden Roa					Cabin		Montg		7	
	Funeral		Social Security Number 6. Sex	7. Ag		ast birthday)	If Under 1 Year Months Days		24 Hrs. 8. Date of B			lace (Stata o	or Foreign
	Director		241-68-1756 Usual Residence of Decedent	M ZUF	50	Yrs.			March	29,1945		h Car	
	land ow		10a. State 10b. County		10c. City	, Town or Lo	cation		5-5-		11	0d. inside C	Ity Limits
	Man	tor	Maryland Montgome	rv	Ca	bin Jo	hn					1 🗆 Yes	2X No
	or 28	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of V	Vhat Coun	try?	
	within 72 hours aftar death with the Maryland ene. than "nature!, or items 23e or 28e-1 ehow he Medicel Examiner must be rooffled at	rai	7517 Arden Road				208			Unite	d Sta	tes	
	ar dec	Funeral		12. Was Decedent I Armed Forces?		5. 13.	Was Dacedent of I If Yas, specify Cub	lispanic Orig an, Maxican,	jin? (Specify Yas or N , Puarto Rican, etc.)	lo- 14. Raci Blac	e - America ck, Whita, a		
)20	rs aft	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 X Yes 2 ☐ N If Yes, Give Year or Dates:	% 3/6 8/6		1□ Yes 2∏ No	Specify:		Specify	. Wh	ite	
21215-0020	2 hou		15. Decedent's Educ	cation	0/0	16a Decer	dent's Usual Occup	pation		16b. Kind of Bu	usiness/Inc	lustry	
215	a. an an	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5	5+)	(Give life. I	kind of work done DO NOT use retire	during most	of working sional				
121	filed with the the		12			Upho1	sterer/C	aptain	1	Furnit		oatin	g
anc	ntal H	Be	17. Father's Name (First, Middla, Last) Luther Beauchamp						rs Name <i>(First, Middl</i> /iolet Pre:		Θ)		
Maryland	12 should be filed withling and Mental Hygiena. 1s marked other than reumatic event, the Mental Hygiena.	T	19a. Informant's Name/Relationship (Type	pe. Print)		19b. Mailir	na Address (Street		r or Rural Route Num		State. Zio	Code)	
	s 1 and 2 should be filed within 72 hours after death with the Marylan Haalth end Mental Hygiena. fem 27 is marked other than "naturel", or items 23s or 28s-1 show other treumstic event, the Medical Examiner must be notified at		Ellen C. Beauchamp			7517	A 1 70	1 0	1 1 2 1			818	
ore,	of Ha		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremation 3 ☐ R	-manual farance Chanter	20b. Pl	aca of Dispo	sition (Name of	arch 3	,1996pate	20c. Location -			
Baltimore,	mant ant: H		4 Donation 5 Other (Specify)	emovarirom State	Met	ropol:	itan Fru	ral S	ervice,	Alexand	ria,	Virgi	nia
Ball	permit. Pages 1 and Department of Health Important: If item 27 any Injury or other tr		Signature of Funeral Sarvice License	o I .	M008	846 B	Name and Addre ethesda-(ethesda,	chevy Maryl	Robert A. chase, Inc and 20814	Pumphrey 7557 -3501	/ Fun Wisco	eral l	Home/ Ave.
			23s. Party. Enter the disease, or compliantook, or heart failure. List only on	sations that caused	the death							Approximat Interval Bet	a
	Physician	j										Onset and	Death
T	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	Metasta	atic	Renal	Cancer				1 -	3 Mont	hs
		Je.			Due to (or	es a consec	quence of):				1		
	cate be axecuted ohysician and tha burial-transit	Examiner	Sequentially list conditions		Due to (or	es e conseq	juence of):						
0,	death certificate be axecuted e attending physician and od for use as tha burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury								i		
8760,	icate b physic s tha b	dicai	thet Initiated events rasulting In death) Last	,	Due to (or	as a conseq	uence of):				1		
9 xo	eath certific attending p	/Me		J							i		
B	Jeath atter	iciar	Dort il Other significant conditions con-	tellerating to stooth by		Name to the co	hadala dala anno 11st	on to Sant A	not Die	l tobacco use cor	-	Athen and the	of docate 0
P.0	es that the de igned by the a be detached	Physician/M	Part il. Other significant conditions con	moung to death bu	ut not resu	iting in the u	noenying cause gr	ven in Part t.		Yes 2 No		ably 4	
	es tha	by F											
Records,	v requires that the been signed by the should be detache	Completed								s an autopsy formed?	ava	are autopsy tailable prior t	10
3ec	2 S E	mple									of c	npletion of death?	ause
a	The ste								10	Yas 2 No	10	Yes 2	No
Vital		o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No	ospitel:		TD/Outpotles	nt 3 DOA Oti	nor:	of Death (Check only	-	(04	.)	
o t		-	27. Manner of Death	28a. Date of Injur (Month, Day	ry	28b. Time of			rsing Home 5 🔯 Res 28d. Describe	how injury occurr		′)	
Sio	Attanding F ir daath. ector: Aftar by the funar	atio	1 Matural 5 ☐ Pending investigation	(Moritin, Da)	7 1041/	Injury		Yes 2□N	No				
Division	or Atta	Certification:	3 Sulcida 6 Could not be determined	28e. Placa of Injubuilding, etc	ury - At hor c. (Specify	me, farm, str	eet, fectory, offica		28f. Location City or To	(Street and Numb own, State)	er or Rura	/ Route Num	ber,
	Hospital 24 hours a Funeral C staly filled		29a. Certifier 1X Certifying Physi	iclan: To the best of	of my know	dedne deeth	occurred at the ti	me data and	d place, and due to the	a cauca(a) and ma	nner ec el	oted	
	Hoan Hoan Fur	edical	(Check only 2 Medical Examin	er: On the basis of and mannar sta	examinati	on end/or inv	vestigetion, in my	opinion, deet	h occurred et the time	, dete end plece,	and due to	the cause(s	5)
	To the Hospital or within 24 hours aftar To the Funeral Dire completely filled in E	×	29b. Signature and title of courier	11	#	_	29c. Licens			29d. Date signed	d (Month, I	Day, Year)	
			///	Low		\geq	D2	2086		March 3,	1996	ó	
T	1		30. Name and address of person who con	-	,	, , , , ,	,					- 0	
	·	•	Frederick P. Smith 31. Date filed (Month, Day, Year)	, M.D., 5	401 T	Wester	n Avenue	. N.W.	, Washing	ton, D.C.	. 200	15-299	98
	Sta Registr	- 1	MAR (5 1996	82. Registra	wher !	ardall							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1120.0170.01				OLI	1111107	TIL O	DEA	111	H	IEG. NO				
	1. DECEDENT'S NAME (First, Elizabeth	Middle, Lest)	C.		Buro	ah				2. DATE OF	D _i		YEAR	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMB	50	5. SEX	B. AGE (In				1		Februa		27,19		10:20	Рм
	213-74-4666	-cn	1 M 2 XF		-	YRS. MON	THE DAYS		R 24 HRS.	7. DATE OF E (Month, De	y, Ybar)		Countr		
	9a. FACILITY NAME (If not in:			9	91	77				Jan.	31,1			hingtor	ı, DC
œ			Control Services			9b.	CITY, TOWN		ION OF DE	EATH			NTY OF D		
5	Grosvenor-A		Nursing	Cente	er		Beth	esaa				Mon	tgom	ery	
DIRECTOR	10e. STATE	10b. COUNTY	Y		1	10c. CITY, TO	WN OR LOC	ATION						10d. INSIDE CIT	Y
	Maryland	Anne	Arundel			Da	vidso	onvil	le					LIMITS?	NO
AL	10e. STREET AND NUMBER						1	Of. ZIP COD	E			10g. CIT	IZEN OF W	THAT COUNTRY?	
BY FUNERAL	1047 Suga	r Mapl	le Drive					2	1035			Uni	United States		
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U	J.S. ARMET	D	13. WAS DI	CENDENT	OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE — American Indian, Black, White, stc.		
≿	1 Never Married 2 3 Wildowed 4 Divo	and the second second	IF YES, GIVE V			- 1		S 2 NO			1, 416.)		Specif	fy:	
		EDENT'S EDU	CATION	1.	e- BEOSE	DENT'S USU								Whit	е
		highest grade	completed)		(Give I	kind of work of NOT use reti	ione durina r		16b. KIN	O OF BUS	SINESS/INC	DUSTRY			
COMPLETED	12	-12)	College (1-4 or 5		Home	emaker					Ow	wn Home			
8	17. FATHER'S NAME (First, Mi	ddle, Last)						16. MOT	HER'S NA	ME (First, Middle					
	Alfred Gio	vannor	ni				Agnes Love								
3 BE	19a. INFORMANT'S NAME (7)	rpe/Print)			19b. M	ALLING ADD	RESS (Street	and Numbe	r or Rural I	Route Number, C	ity or Tow	n, State, Zip	Code)		
2	George A.	Burch			104	7 Sug	ar Ma	aple	Dr.,	David	sonv	ille	MD	21035	
	20a. METHOD OF DISPOSITION 1 September 2 □ Cremetto		ovel from State	20b. PI	LACEAND	DATEGER	DOGITION /	Vanna of				CATION —		wn, State	
	4 Donation 5 Other	(Specify)		Mo	onoca	cory or other page Ce	emete:	ry	Z, 1:	996				Mary	
	21. SIGNATURE OF FUNERAL	. SERVICE LIC	ENSEE				22. NAME	ANO ADDRE	SS OF FA	CILITY Rob	ert	A. P	A. Pumphrey Funera		
	Kary	700	in	M	10019					, Inc.				ontgome.	ry
	23. PART i. Enter the di	seases, or o	complications the	t ceused ti	he deeth									Approxim	
	IMMEDIATE CAUSE (Fin		List only one cau	ise on eeci	n iine.									Interval B	
	disease or condition resulting in deeth) a. Alzheimer's Disease												1993		
	,		DUE TO	(OR AS A C	ONSEQUE	NCE OF):									
S	Sequentially list condition	ons.	High B	lood	Pres	sure								1993	
Ě	If sny, leading to immed cause. Enter UNDERLYII	late	Arteri			,	a:	1-	n - n -					1000	
5	CAUSE (Disease or Injur		i4	(OR AS A CO			ulova	SCula	ar Di	sease				1993	
CERTIFICATION	resulting in death) LAST	()	. Diabet											1993	
	DART II OU													11333	
MEDICAL	PART II. Other significer	condition	s contributing to	desth but	not resu	iting in the	underlyi	ng cause	given in	Part i. 24a	PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY F	10
ă										1 [YES 2	₩ NO		OF DEATH?	CAUSE
										- [1 YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL						W 400 05 -	FAT:						
Si I	EXAMINER?		HOSPITAL:	ED Manuta			HER:			ock only one)					
Ħ	27. MANNER OF DEATH		28a. DATE OF	INJURY		8b. TIME OF		JURY AT	esidence	6 Other (Spe 28d. DESCRIE		LIURY OCC	HIBEN		
ВУ Р	t 🔀 Natural 5 🗆 F	ending restigation	(Month, D.	ay, Year)		INJURY		ORK? YES 2	NO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	2 Devlates	could not be	28e. PLACE O	F INJURY — stc. (Specify)	At home,	farm, street,	factory, offi	ce		28f. LOCATION	N (Street a	nd Number	or Rural R	oute Number,	
TED		etermined	ounding,						City or Tox	wn, State)					
COMPLET	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	ge, death	occurred at 1	he time, det	e end place	and due	to the cause(e)	and man	per ee etet	ed.			
\$			R: On the basis of er											and menner as s	tated.
	29b. SIGNATURE AND TITLE	OE CERTIFIER	-					,	ENSE NUN					(Month, Day, Year)	
H	461	atri	it I	MO				l	7729					ry 28,	1996
2	30. NAME AND ADDRESS OF				H (ITEM 27	7) (Type, Print)		1 21						2 7 /	
	George B. Pa	atrick	, III, M	.D.	9221	Cole	svill	e Roa	ad, s	Silver	Spri	ing.	MD 2	0910-16	57
	31. DATE FILEO (Month, Day, Y	2	32. REGISTRA	R'S SIGNATU	JRE						- 2) (-
	MAR 0	4 199F	Jali de	welson	Rock										
			(1												

1300

MER IN 1300 DECEMBER

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE	PUEATH	H	EG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	DEATH DAY	YEAR 3.	TIME OF DEATH							
	FANNIE	BENH	ERZEL			MARCH	1 5 19	96	4.401							
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF B	MOTIN	S. BIRTHPL	ACE (State or Foreig							
٦,	579-48-0124	10 M 3 DF 10) 4 YRS.	MONTHS DAYS	HOURS MIN.	May 2	3,1891	Pola	nd							
١	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D			TY OF DEAT	'n							
	Hebrew Home o	f Greater	Washing	ton Ro	ockville		Mon	tgom	erv							
l.	RESIDENCE OF DECEDENT							- 3	1							
	10a. STATE 10b. COUNT			r, TOWN OR LOC	CATION			10	d. INSIDE CITY LIMITS?							
ľ		ntgomery	Rock	wille					YES 2 N							
	10a. STREET AND NUMBER				101. ZIP CODE				T COUNTRY?							
	6121 Montrose Ro				20852			SA								
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 NO		ECENDENT OF NISPA specify Cuban, Mexico				American Indian							
	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 Y	ES 2 NO Specif	fy:		Specify:	White							
ŀ	15. DECEDENT'S EDU	(ICATION	16a. DECEDENT'S	HELIAL OCCUBA	TION	Tash MINI	D OF BUSINESS/INDI	INTRY								
	(Specify only highest grade	le completed)	(Give kind of w	vork done during e retired.)	most of working	TOO. KIN	O OF BUSINESS/INDI	USINY								
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home N				wn home									
	17. FATHER'S NAME (First, Middle, Last)				10 MOTNED'S NO		e, Maiden Surname)									
	Wallace (unknown	.)			1 - 20 - 100 1110	all all and all all all all all all all all all al	o, evenues ourselve)									
	Wallace (Unknown 19a. INFORMANT'S NAME (Type/Print)	1	19b. MAH ING	ADDRESS /Street	(unknov et and Number or Rural		ity or Town State 7in	Codel	-							
2	Monte Zucker/son			1 Brighton Knolls Ct Brinklow MD 20862												
	20a. METHOD OF DISPOSITION		Db. PLACE AND DATE O			DATE	20c. LOCATION C		Ctoto							
1	1 N Burlai 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	emetery, crematory or oti			3/6			, V							
	21. SIGNATURE OF FUNERAL SERVICE LI		it. Debaile		AND ADDRESS OF FA		Adelphi, MD									
	15/11/	-/-		Edwa	rd Sagel	Funera	1 Direct	ion								
4	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate															
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7):												
- 10	PART II. Other significant conditio	na contributing to death	but not resulting i	n the underly	ing cause given in	Part I. 24s	. WAS AN AUTOPSY	24b W	ERE AUTOPSY FIN							
1		ENTIA	•				PERFORMED?	Ale	MILABLE PRIOR TO OMPLETION OF CA							
						_ ''	YES 2 NO	O	F DEATH?							
						_		,	YES 2 N							
	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATN (C)	hack only one)										
	EXAMINER?	HOSPITAL:	stpatient 3 DOA	отней:	ome 5 Rasidenca		anthr)									
YSICI	27. MANNER OF DEATH	260, DATE OF INJURY	7 26b, TiMi	E OF 28c.	INJURY AT	_	BE HOW INJURY OCC	URED								
		(Month, Day, Year)	LINI		WORK? YES 2 NO											
	1 Natural 5 Pending				1 YES 2 NO											
	2 Accident Investigation	28e. PLACE OF INJUR	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)													
1	2 Accident Investigation	28e. PLACE OF INJUR	RY — At home, ferm, s secily)	street, factory, of	Dullding, etc. (Specify)											
	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 4 ESTIRVANC BMV	28e. PLACE OF INJUI building, etc. (Sp	ecity)	_		City or To	wn, State)	4								
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28e. PLACE OF INJUI building, etc. (Sp SICIAN: To the best of my kno	owledge, death occurre	ed at the time, d	ets and place, and du	City or To	wn, State)) and menner as state									
	2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF INJUI building, etc. (Sp SICIAN: To the best of my kno- IER: On the best of axaminat	owledge, death occurre	ed at the time, d	eta and place, and du	City or To) and menner as state place, and due to the	cause(a) a	nd menner as sta							
	2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	28e. PLACE OF INJUI building, etc. (Sp SICIAN: To the best of my know IER: On the best of axaminat	owledge, death occurre	ed at the time, d	eta and place, and dunin, deeth occured at the	City or To) and menner as state place, and due to the	SIGNED (M	nd menner as sta							
	2 Accident 3 Suicide 4 Homicide Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	SICIAN: To the best of my knoter. SICIAN: To the best of axaminet ER M -D,	wiedge, death occurre ton and/or investigation	ed at the time, d	eta and place, and du	City or To) and menner as state place, and due to the 29d. DATE	SIGNED (M	nd menner se ste							
IO BE COMPLETED BY THE	2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	SICIAN: To the best of my known of the best of my known of the best of axaminate ER On the best of my known of the best of my kno	owledge, death occurre ion and/or investigation DEATN (ITEM 27) (Type,	od at the time, d	eta and place, and dunin, deeth occured at the	City or To) and menner as state place, and due to the	e cause(a) as E SIGNED (M ARCA)	onth, Day, Year)							
DE COMPLETED DI	2 Accident 3 Suicide 4 Homicide Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	SICIAN: To the best of my known of the complete Cause of ER. HO COMPLETED CAUSE OF E. 32. BEGISTRAR'S SIG	owledge, death occurre ion and/or investigation DEATN (ITEM 27) (Type,	od at the time, d	eta and place, and due, death occured at the 29c. LICENSE NU D 36 5	City or To) and menner as state place, and due to the	e cause(a) as E SIGNED (M ARCA)	nd menner se etc							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

PARTY MENT

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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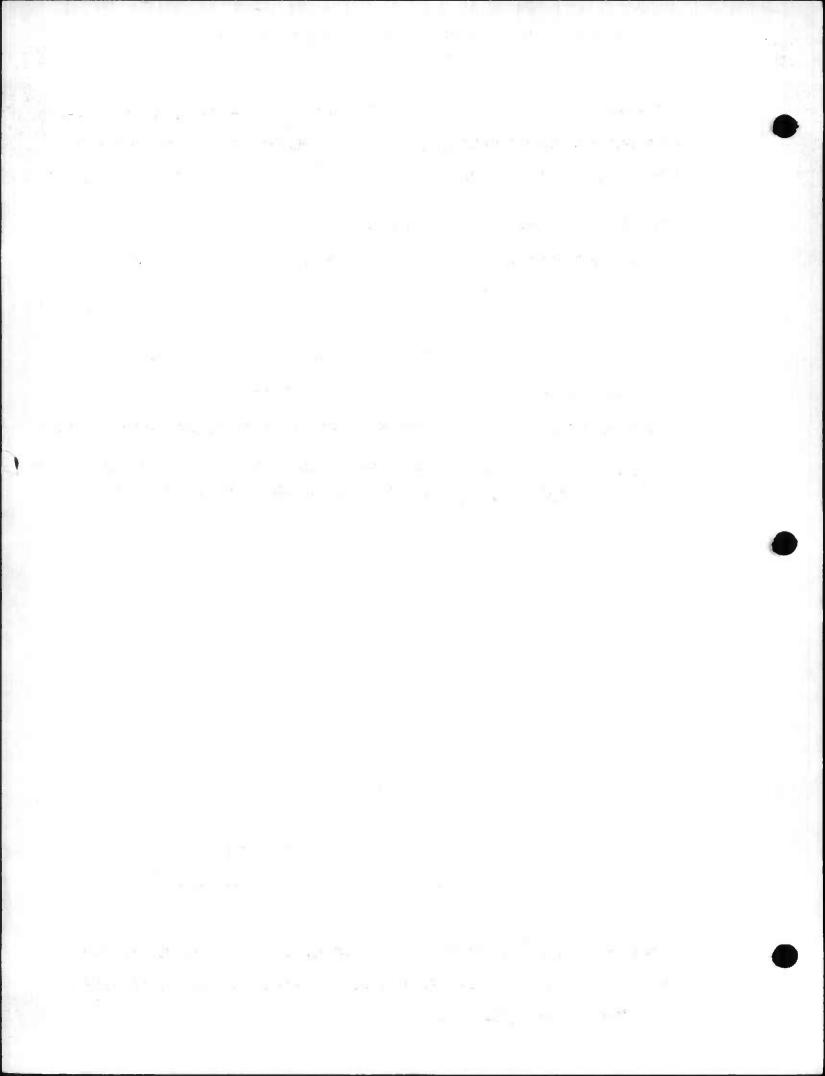
								Cer	tificate	e of	Death	7		Reg. No.				
			1. Decedent's Name (First, Middle, Lu	est)			7					2. Date of D		,		3. Time	of Death
	Physic /Medi		EARI		A			131	RAA	1/	501	\vee	MAR	CM Dey	LŠ	ear	11:-	22A1
Š	Exami		4a. Facility Name (If n	ot institution, gi	ve street end nu	imber)			N. /				ocation of Dee		ounty of	Death		
	e		Shady G	rove A	dventi	st	Hospi	tal			Roc	kvi.	lle	М	ONT	GOM	ERY	
	Funeral		5. Social Security Num	nber 6.	Sex		(In yrs. lest b		If Under		If Unde	r 24 Hrs.	8. Dete of B	rth		Birthple	ece (Stete	or Foreign
	Director		215-20-2	753	XXM 2□F	7	0	Yrs.	Months	Days	Hours	Min.	Jan - 2	6,19	26	Ma	ryla	or Foreign
	D		Usual Residence of De	ecedent														
	ylan		10a. State 1	0b. County			10c. City, Tox	vn or Lo	cation							10	d. inside	City Limits
	M N	to	MD	Montg	omery		R	ock	vill	e							XXY	s 2 No
	1284	Director	10e. Street and Numb	er					10f. Zip	Code				10g. Citize	n of Wh	at Count	ry?	
	3a o		609 Cra	abb Av	enue					2.0	0850			IJ	.s.	Α.		
	s within 72 hours after death with the Maryland ilene. Then "natural", or items 23s or 28s-f show the Medical Examine must be notified at the Medical Examine must be notified at	Funeral	11. Marital Status		12. Was Dec	edent E	ver in U.S.	13. V	Vas Deced	lent of I	Hispanic O	rigin? (Sp	ecify Yes or N				n Indian,	
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ď,	os 1 and of Health Item 27 other tr		20a. Method of Dispos	ition		•	20b. Plece	of Dispos	sition (Nen	ne of			Date	20c. Loca				
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o	ding th.	tion	1 ☑ Natural 2 ☐ Accident	5 Pending investigation	(Mor	ith, Day	Year)	Injury	М		rk?]Yes 2.⊑]No						
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	thin the market	M	29b. Signature and title	e oLpertifler	andmar	101 3141			290	Licens	se number			29d. Dete	signed /	Month I	Day Year)
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	7		30. Name and address	of person who	completed cau	sa of de	ath (Itam 23a)	(Type, I	Print)			D	BET		16	MA	1 1	01
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State Registrar 31. Date filed (Month, Dey, Year) MAR 07 1996

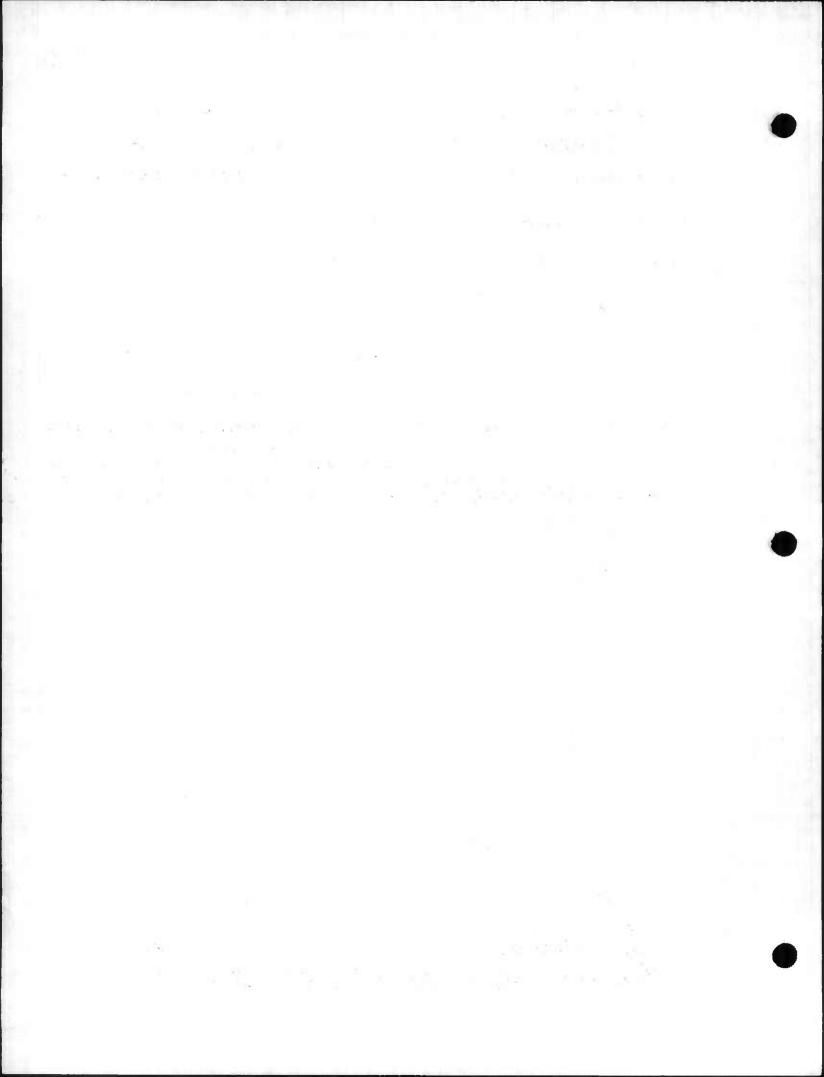
30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 32. Begistrar's Signature Jobi Studior Rankell



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 5 0 0 0 2 5

				State of Maryla		rtment of t tificate of			giene y (Reg. No.	o U	802	25
	Physici	ian	1. Decedent's Name (First, Middle, Last)					2. Dete of Dee Month	th Dey	Yeer	3. Time of	f Death
	/Medi		Rosalind Marie 4a. Facility Name (If not institution, give s				4b. City, Town, or I	March 2	_	of Death	1:45	AM
	Examir Funeral Director	ner	Suburban Hospital 5. Social Security Number 6. Sex		rs. last birthday) Yrs.	If Under 1 Year Months Deys	Betheso	8. Date of Birth	Mor	9. Birthple	ce (Stete d	or Foreign
	P .		Usuel Residence of Decedent		0. 7.							
	show	_	10a. Stete 10b. County		City, Town or Loc					100	d. Inside C	ity Limits
	Ne M	Directo	Maryland Montgome	ery	Bethes							210110
	with w	급	10e. Street and Number			10f. Zip Code			10g. Citizen of V			
	eath	era	5721 Grosvenor Lar	1⊖ 2. We <i>s</i> Decedent Ever Ir	11S 13 W	208		nacify Vas or No-	United	Stat		
21215-0020	s 1 and 2 should be filed within 72 hours efter death with the Meryland if Health and Mentel Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other treumstic event, the Medical Experient must be recited at	by Funeral	1 □ Never Married 2 □ Married 3 □ Widowed 4 ☑ Divorced	Armed Forces? 1 Yes 2X No If Yes, Give Year or Dates:		Yes, specify Cub ☐ Yes 2 No	Hispanic Origin? (S. ean, Mexican, Puert Specify:	o Rican, etc.)	Specify Specify	k, White, et	tc.	
2-0	"natural",	ted	15. Decedent's Educ	ation	16a. Decede	ent's Usual Occu	pation	king	16b. Kind of Bu			
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and	De fil	Be	17. Fether's Neme (First, Middle, Last)					ne (First, Middle,		θ)		
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Baltimore,	00		Michael Beitzinger 20e. Method of Disposition 1 X Buriel 2 Cremetion 3 CRe 4 Donetion 5 Other (Specify)	emovel from Stete	b. Plece of Dispos cemetery, crem	ition (Neme of etory or other pla	awrence F	Data	20c. Location -	City or Tow	vn, Stete	
	permit. Pag Department Important: if any injury o		21. Signature of Funerel Service License		ate of H		ess of Facility Ro	hort A	Silver			
Ba	permit. Departri Importa any infe		Berbara Jomich	Jullen Jaw,	rence Be	ethesda- venue, B	Chevy Cha ethesda,	se, Inc. Maryland	7557 20814	Wisco 1-3501	onsin	
	Dhusisian		23e. Pert1. Enter the disease, or compile shock, or heart feilure. List only on	e couse on each line.	eath. Do not ente	r the mode of dy	ing, such as cardied	or respiretory an	rest,		Approximet Intervel Bet Onset end	tween Death
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	fler thunders	ü	27. Menner of Death 1 MoNeturel 5 □ Pending	28e. Dete of Injury (Month, Dey Year	28b. Time of injury	28c. inju		28d. Describe h	ow Injury occur	ed		
Division	To the Hospital or Attending F within 24 hours aftar deeth. To the Funeral Director: Aftar completely filled in by the funer	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injury - A building, etc. (Spe	at home, ferm, stre		Yes 2 No	28f. Location (S City or Tow	Street end Numb m, Stete)	er or Rural	Route Nur	nber,
_	To the Hospital within 24 hours of the Funeral I completely filled	edicai C	29e. Certifier (Check only one) Certifying Phyal 2 Medical Examin	clan: To the best of my ler: On the basis of examend menner steted.	knowledge, deeth	occurred et the t estigation, in my	ime, date end piece opinion, deeth occu	, end due to the or rred at the time, o	cause(s) end me dete end pieca,	nner as ste and due to i	ited. the cause(s)
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			In the	Man 14	10	050	5/6		3/2/	196		
			30. Name and eddress of person who con	npleted cause of deeth (Item 23e) (Type, F	Print) Joel	Schulman,	M, D20	814			hardenseles en
	Sta	- 1	31. Dete filed (Month, Dey, Year) MAR 05 1996	32. Registrer's Si	ogature Navdalla							terminal ter

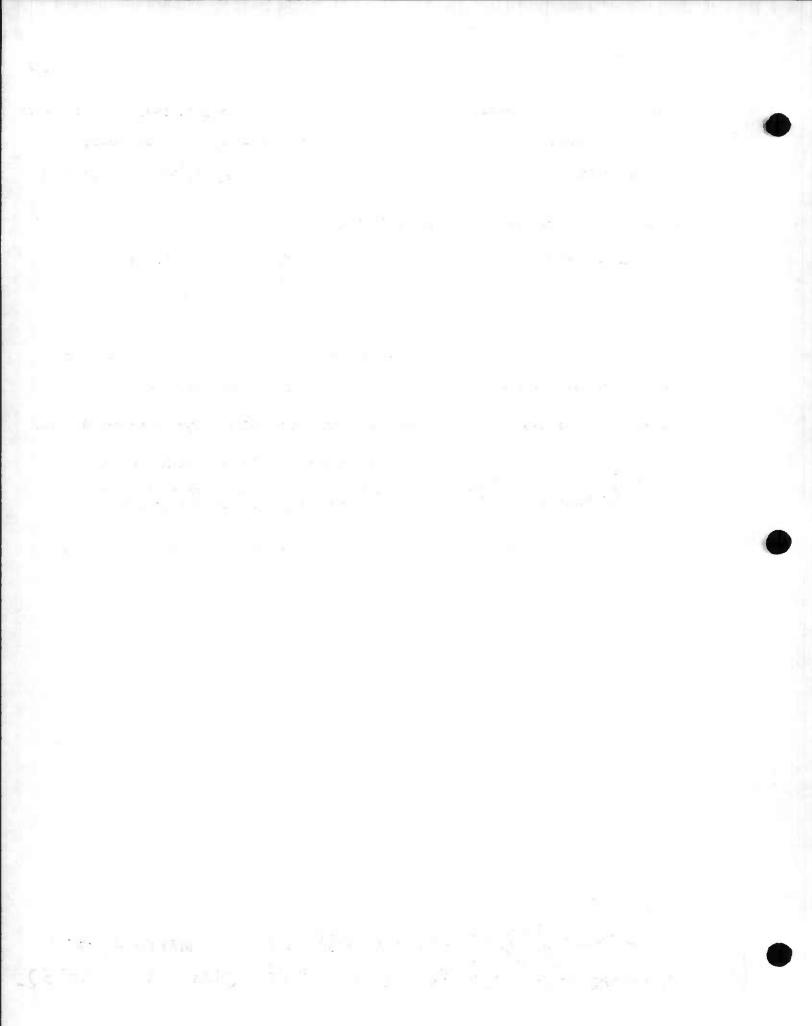


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Defe of Deeth Dev **Physician** Marjorie Bowles March 4, 1996 /Medical 11:20 AM 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Silver Spring
If Under 1 Year If Under 24 Hrs. 8. Dete
Months Deys Hours Min. (Months) Medlantic Manor Montgomery 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 1 F Vre Director 577-20-9413 83 Aug. 21, 1912 Pennsylvania Usuel Residence of Decedent permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Haelth end Mental Hygiene. Ill important: If Itam 27 is marked other than "natural", or items 23s or 28s-f show eny injury or other traumatic event, the Medical Examiner must be numbered 10a. Stefe 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Director Silver Spring Maryland Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2829 Gunarette Way 20906 Funeral U.S.A. 12. Wes Decedenf Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specity Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No p Specify: 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Secretary Private Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Phillip Sanford Harbaugh Carrie Mae Sanders 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2829 Gunarette Way Linda Bowles Groome Silver Spring, Maryland 20906 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 3/7/96 Washington, D.C. Congressional Cemetery 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one select line. 500 University Blvd., W. Sil. Spr., MD 20901 Approximete Interval Between Onset end Death Physician 'ARXINSON S Immediete Ceuse (Finel diseese or condition resulting in death) DISEASE /Medical **Examiner** Due to (or es a consequence of) Physician/Medical Examiner attending physician end for use as the bunel-transit requires that the death certificeta be executed Sequenfielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lesf Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evelleble prior to completion of cause of death? 24a. Wes en autopsy performed? page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 BLNo director. 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 200 No 2 1 ☐ Yes this 28e. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Aftar or Attending 1 Neturei 5 Pending investigation after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of injury - Af home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 ☐ Homleide To the Hospital or within 24 hours at To the Funeral D 1 Lertifying Physician: To the best of my knowledge, deeth occurred et fine fime, dete end plece, and due to the ceuse(s) and menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner stated. 29a. Certifier completaly (Check only 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (nam 23e) (Type, Print) 18111 32. Registrer's Signature

Registrar

1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

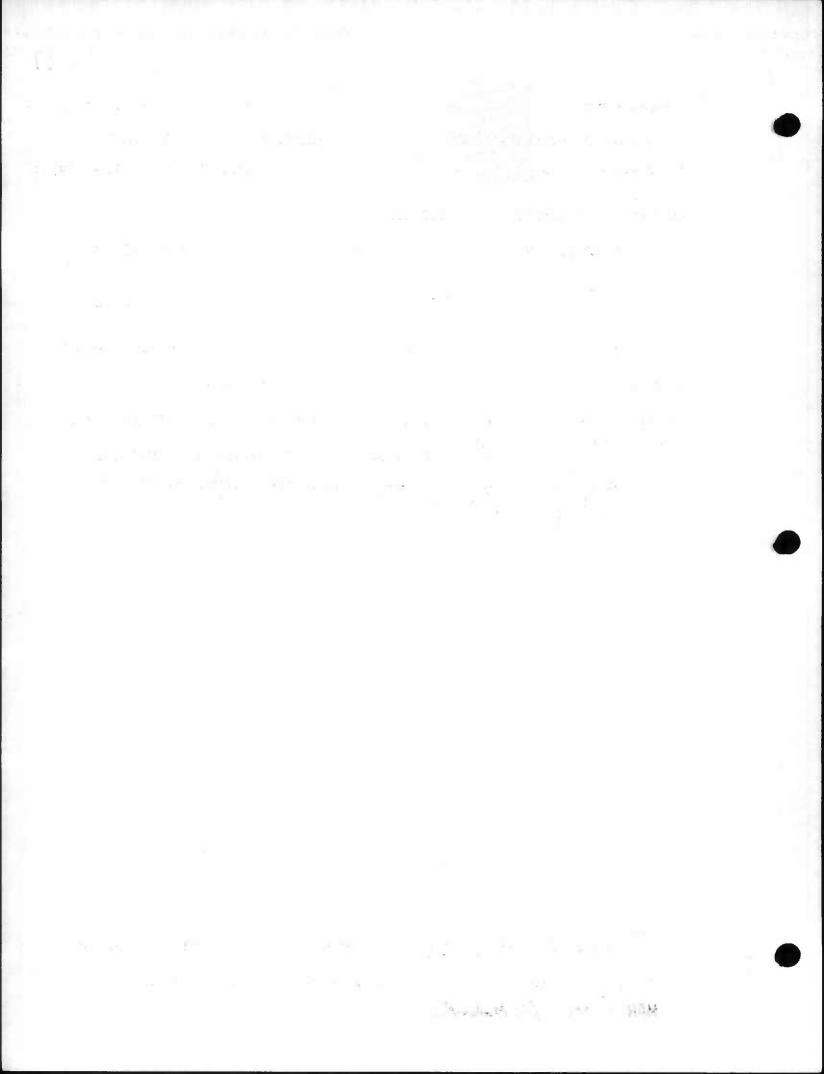
Department of Health and Mental Hygiene

Certificate of Death

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	Physici /Medi		Decedant's Nama (First, Middla, I NORMAN BRODY	.ast)								2. Data of D Month FEBRUA	Day	Yaar	Tima of Death 12:35 AM
	Examir		4a. Facility Nama (If not institution, g 7205 BRADLEY BO		mber)					4b. City, To		ocation of Dea		y of Death	
	Funeral Director		577-26-4059	Sax 15xM 2□ F	7. Aga (li	n yrs. last birti 72 \	hday) (rs.	If Under Months	1 Year Days		24 Hrs. Min.	8. Data of B	Year) 923	9. Birthplace	(State or Foreign
	Meryland f show	or	Usual Rasidance of Decedant 10a. Stata 10b. County MARYLAND MONTO	OMERY	10	c. City, Town									Insida City Limits 1 ☐ Yes 2 🖾 No
	with tha I	I Director	10e. Street and Number 7205 BRADLEY BO	ULEVARD				10f. Zip	Coda 081	7			10g. Citizen of UNITED	What Country	
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21215-0020	i within 72 hou jiene. r than *natura me Medical E	Completed	15. Decedant's (Specify only highast s Elementery/Secondary (0-12)	Education rada completad) Collega (1	1-4or 5+)		(Giva ki lifa. Do	O NOT us	rk dona	during mos	t of work	ing		Businass/Indus	
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/la		To	HARRY BRODY							DORA	GOI	LDSTEIN			
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Baltimore,	other Haa		20a. Mathod of Disposition 1 XBurlal 2 Cranation 3 4 Donation 5 Dother (Special Control of Control	ice)		Data 20c. Location - City or Town, Stata 2/27/96 WASHINGTON, DC									
Baltimo pemit. Pagas Department of Important: if is any injury or once.		21. Signature of Funeral Sarvice Lic	ensee	Y	mi							AL CHAP			
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	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After complately filled in by the funer	edicai	29a. Cartifiar 1	Physician: To tha aminar: On the be and man	best of m esis ot exe nar stated	eminetion end	daath d Vor Inva	occurrad astigation,	at the ti	ime, date an opInion, dee	d plece, th occurr	end due to the red et tha time	causa(s) end m , deta and piece	annar es stete , and dua to the	d. a ceuse(s)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIE UF MAKYLI			OF DEAT		REG. NO.	Ė				
	1. DECEDENT'S NAME (First, Middle, Last)	-		,			2. DATE OF DEATH			TIME OF DEATH	٦	
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	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last birthday)	IF UNDER 1			7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL/ Country)	ACE (State or Foreign	٦	
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	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY,	TOWN OR LOCATIO	ON OF DEA	тн	9c. COUN	ITY OF DEAT	Н	1	
OR	Carroll County Ge	n. Hospita	1			West	minster			Carroll		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CIT	Y. TOWN OF	R LOCATION				1 10	d. INSIDE CITY	7	
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COMPL	17, FATHER'S NAME (First, Middle, Lest)			1104			- 100 100 100 100 100 100 100 100 100 10		oup c	Dicourte	4	
					18. MOTH	IER'S NAM	E (First, Middle, Melden	no				
BE	Thomas James Boyl 19a. INFORMANT'S NAME (Type/Print)	an	195 MAILING	ADDRESS	(Street and Number	ov Primi Po	Suzanne ute Number, City or Tow				\dashv	
2	Ruth Greene						inster, MI					
	20a, METHOD OF DISPOSITION	20b	. PLACE AND DATE	OF DISPOSI	TION (Name of	02/1	0 /0 5 20c, LO			State	Н	
	1 K Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State cem	St. J	ohn C	atholic	Ceme	etery			inster, MD		
-	21. SIGNATURE OF FUNERAL SERVICE LICENS						eral Home	& CI	hanel		٦	
	b					ngton Rd.,			er, MD	1		
	23. PART I. Enter the diseases, or com	Discourse that cause	the death Do	not enter t	the mode of dul	na such	as cardiac or respi	retory err	not.	Approximata	\dashv	
	ahock, or haart failure. List	only one cause on e	ach lina.		ine mode or dyn	ng, adon	an caratec or reap	natory arr	out,	interval Between Onset and Death		
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and an arrangement of the condition of the condition of the cause of the condition of the cause											
	reauiting in death)		CONSEQUENCE O		WET VA	SCVL	AR DIS	6-2	-		-	
2												
은	Sequantially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury											
트	that initiated eventa reautiting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):								
浜	d.											
	PART ii. Other eignificant conditions of	ontributing to death b	ut not reaulting	In the unc	darlying causa g	ivan in P	art i. 24a. WAS AN			ERE AUTOPSY FINDINGS		
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, Si		☐ Inpetient 2 ☐ ER/Outp	ontlant 3 🗆 DOA	OTHER 4 - Nurs	: Ing Home 5 ☐ Ra	aldenca 8	Other (Specify)					
РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF JURY	28c. INJURY AT WORK?		26d. DESCRIBE HOW I	NJURY OCC	CURED		٦	
B	1 Natural 5 Pending 2 Accident Investigation			М	t YES 2						4	
ED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, facto	ery, offica		281. LOCATION (Street City or Town, State)	and Number	or Rural Rout	e Number,	1	
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릴	(Check only one)										1	
COMPL	2 MEDICAL EXAMINER: C	In the beals of examination	n and/or investigati	on, in my of	olnion, death occur	ed at the fi	ime, data and place, ar	nd due to the	e cause(s) e	nd manner as stated,	1	
ш	29b, SIGNATURE AND TITLE OF CERTIFIER					NSE NUME	BER	29d. DATE	E SIGNED (M	onth, Day, Year)	7	
TO B	Chithun I thunk		NAME F		CHAN D	2/1	2.7	1 0	2/8/	76		
-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE				0,1	1.175			21157		
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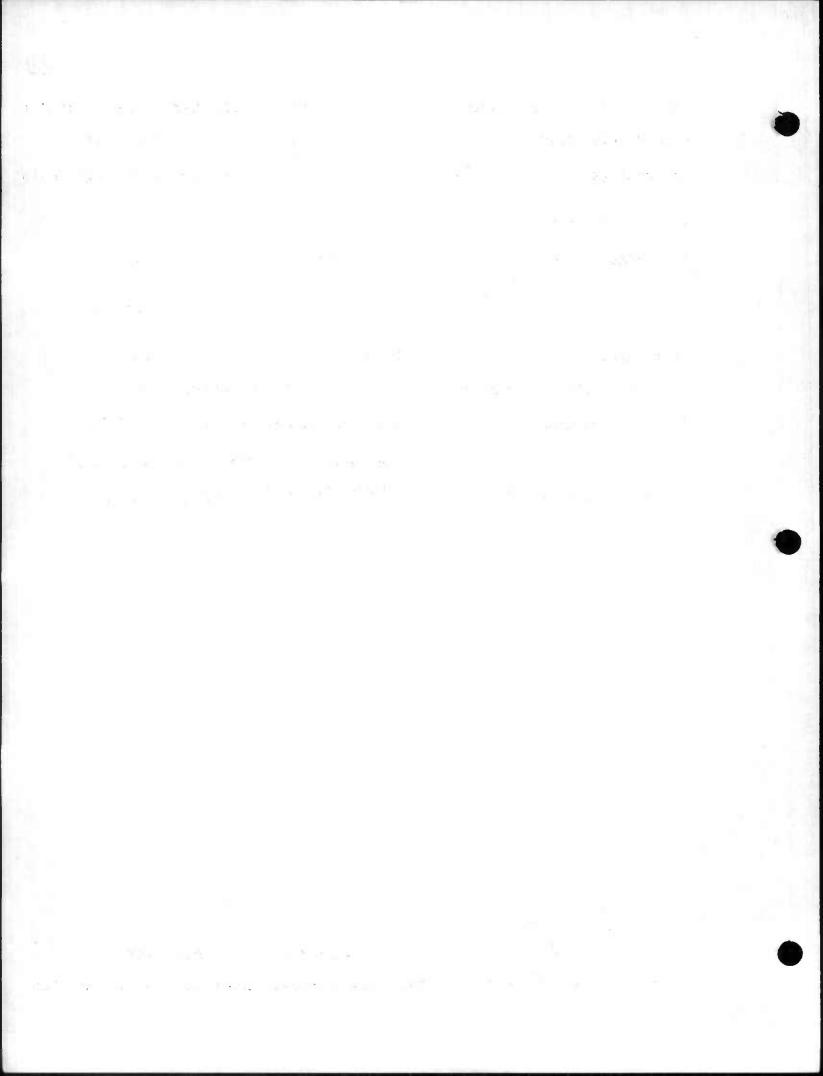
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	n the Marylar r 28a-f show	Director	Maryland 10a, Street and Num	Carolin	D	enton	10	of, Zip Code					10a. Ci	itizen of ¹	What Count	1 Yas 2 X	No	
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ţ	t. Part		4 Donetion 5		**	Denton Ceme								24 Denton, Marylan				
Bal	Depa Important any ir		21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Moore Funeral Home, P.A.															
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	Attending Ph r death. ector: After thi by the funeral		27. Menner of Deeth Naturel Accident	5 Pending Investigation		of Injury nth, Day Yea	28b. Time Injur		28c. In V	jury et vork? □ Yes	2 🗆 N		28d. Describe	how inju	Jry occur	rred		
Division	or Attendate death	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not to determined	Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Routa Number, City or Town, State)							
	To the Hospital or Attending Physician: within 24 hours after death. To the Funersi Director: After this certific completely filled in by the funeral director,	edical C	29e. Certifier 1 (Check only 2 one)	☐ Certifying Pi	miner: On the t	e best of my basis of exan	knowledge, de ninetion end/or	eth occi	urred et the jetion, in m	time, de y opinion	ete end n, deeth	pleca, e	end due to the ed et the time,	cause(s	s) end m	anner es st end due to	ated. the ceuse(s)	
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			30. Name and address	ss of person who	completed cau	,				7.1		T.	-1				3 0 5 5	o -
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State of Maryland / Department of Health and Mental Hygiene 08030 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Burchard 18 96 11:25A Melvin Howard Feb /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Easton Talbot The Memorial Hospital at Easton 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** 15€M 2□ F Months Days Hours Min. 213-12-5976 Director August 24, 1919 76 Maryland Usual Residence of Dacedant filed within 72 hours after death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location r then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 GYas 2 No Directo Maryland Caroline Denton 10e, Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1112 Market Street 21629 Funeral U.S.A. 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 ☐ Nevar Married 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Specify: λq Specify: Caucasian 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada completed) 16h Kind of Business/Industry 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) Peges 1 and 2 should be filed within nent of Health and Mental Hygiene. Int: If Item 27 is marked other then ' Irry or other traumatic event, the Me Elemantery/Secondary (0-12) Collega (1-4or 5+) Agriculture 8 Field Supervisor 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be 2 Howard Burchard Oneida McClain 19a. Informent's Neme/Raiationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) Maywood D. Burchard 1112 Market Street, Denton, Maryland 21629 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Pege Department of important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) 2/22 Odd Fellows Cemetery Smyrna, Delaware 21. Signature of Runarai Sarvice Licenses 22. Nama and Addrass of Facility 1000 Moore Funeral Home, P.A. PO Drawer B, Denton, Maryland 21629 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Physician /Medical Immediate Cause (Final diseasa or condition resulting in death) Examiner Due to (or as a consequence of) Examiner attending physician and for use es the burial-transit The lew requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiate causa. Entar Undarlying Cause (Diseesa or injury that initiated events rasulting in deeth) Last Due to (or as a consequence of): Box 68760. by Physician/Medical Dua to (or as a consequanca of): Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara sutopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy has TENSION 2 No certificate 1 Yas 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Wes casa referred to medical axaminer? 28. Place of Death (Check only ona) Hospital: Inpatient 2 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 2 ER/Outpatient 3 DOA this 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred Certification: After 1.XNeturel 2 ☐ Accident 5 Pending death. invastigation 1 ☐ Yas 2 ☐ No Director 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) in by 4 Homicida within 24 hours after To the Funeral Director Completely filled in Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the best of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medical 29a. Cartifiar (Check only one) 29b. Signatura and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) Tolywood un) D416820 30. Nama and eddrass of person who complated cause of deeth (Item 23a) (Type, Print) Jennifer Hollywood, M.D., 607 Dutchman's Lane, Easton, Maryland 21601

State Registrar

FEB 20 '96

31. Dete filed (Month, Day, Year)

32. Registrer's Signatura

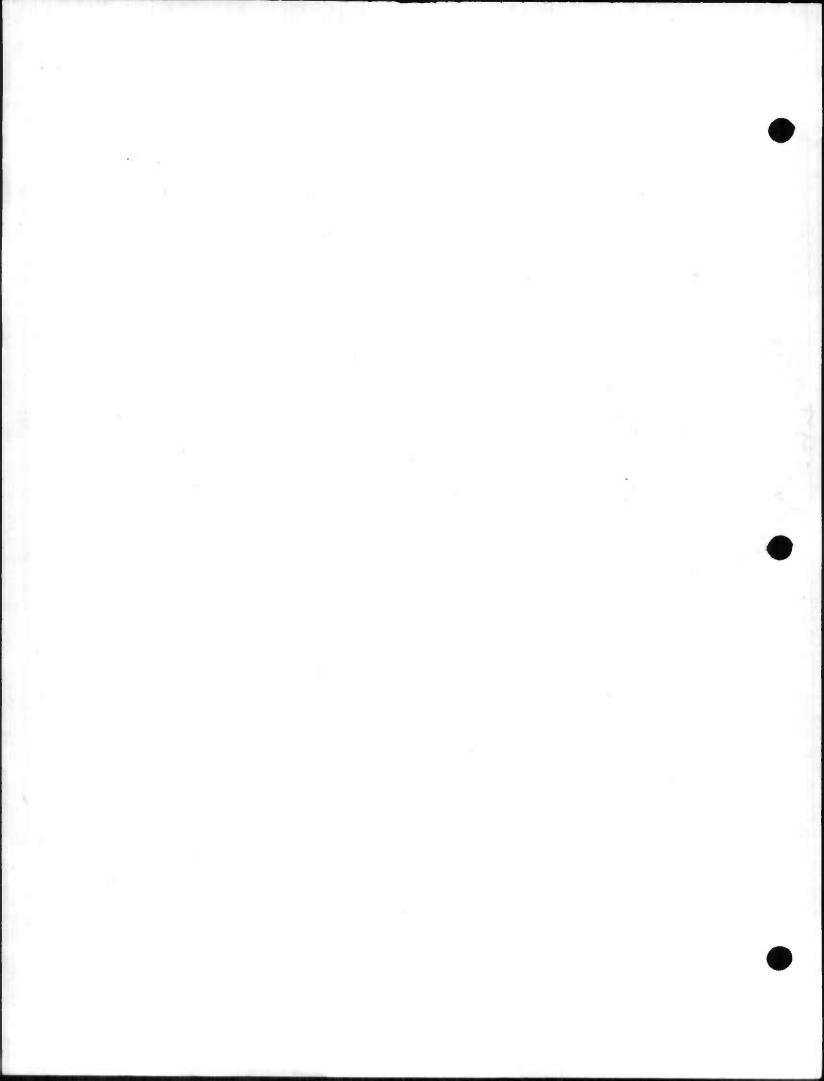
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1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY Feb YEAR Pear1 Bishop 1996 4:10 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Oct. 19, 1 M 2000 F 92 YRS. 216-07-4546 1903 Maryland Pages 1, 2, 3 should 9e. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 419 N. Main Street Greensboro Caoline RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNT 10e. STATE 10d. INSIDE CITY Maryland Caroline Greensboro 1 💢 YES 2 🗌 HO permit. FUNERAL 10e. STREET AND NUMBER 107 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 419 N. Main Street 21639 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 N Hover Merried 2 Merried Specify: White 1 YES 2X HO Specify: ВУ 3 Wildowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi retained by the hospital or 5 should be detached for ur Elementary/Secondary (0-12) College (1-4 or 5+) manufacturing 3rd seamstress once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Davis Bishop Julia Wetzel Bishop 76 age 6 may be retained I director, page 5 should notified 19a. INFORMANT'S HAME (Type/Print) 19b. MAILIHG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Anna K. Guers 1533 Weyburn RD, Baltimore, MD 21237 9 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITIOH (Name of DATE 20c. LOCATION — City or Town, State must Burlel 2 Cremation 3 Removal from State etery. crematory or other plece) Greensboro Cemetery 2/10 Greensboro, Maryland Donation 5 - Other (Specify) 21, SIGHATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral (Fleegle-Helfenbein Funeral Home Step P.O. Box 160 Greensboro, MD 21639 by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, ehock, or heart feliure. List only one cause on each line. medical Approximate .5 Interval Between 6 **Onset and Death** IMMEDIATE CAUSE (Final Congestive heart Failure
DUE TO (OR AS A CONSEQUENCE OF): the disesse or condition monh resulting in desth) event. aortic and con burial, reary traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING inding physician Hygiene prior to CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in deeth) LAST 10 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceues given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Covolina hyperlipidemia any ante COMPLETION OF CAUSE OF DEATH? signed Health a 1 | YES 2 | 10 t. of Heah 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO 🗵 UNCERTAIN I PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State I, or Item HOSPITAL 1 TYES 2 NO | Inputient 2 | ER/Outputient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO R. After this cer er death with the Is marked, (26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 2 Accident 28e. PLACE OF INJURY — At home, term, etrast, tectory, office building, etc. (Specify) 3 Sulcide 281. LOCATIOH (Street end Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be DIRECTOR hours after them 28 Is 4 Homicide 29e. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. TO THE HOSPITAL (TO THE FUNERAL C be filed within 72 h 2 MEDICAL EXAMINER: On the basts of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as atered, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MO. D33768 > Feb 96 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James Corwin, MD P.O. Box 660 Denton, Maryland 21629 & REGISTAR'S SIGNATURE FEB - 9 96

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



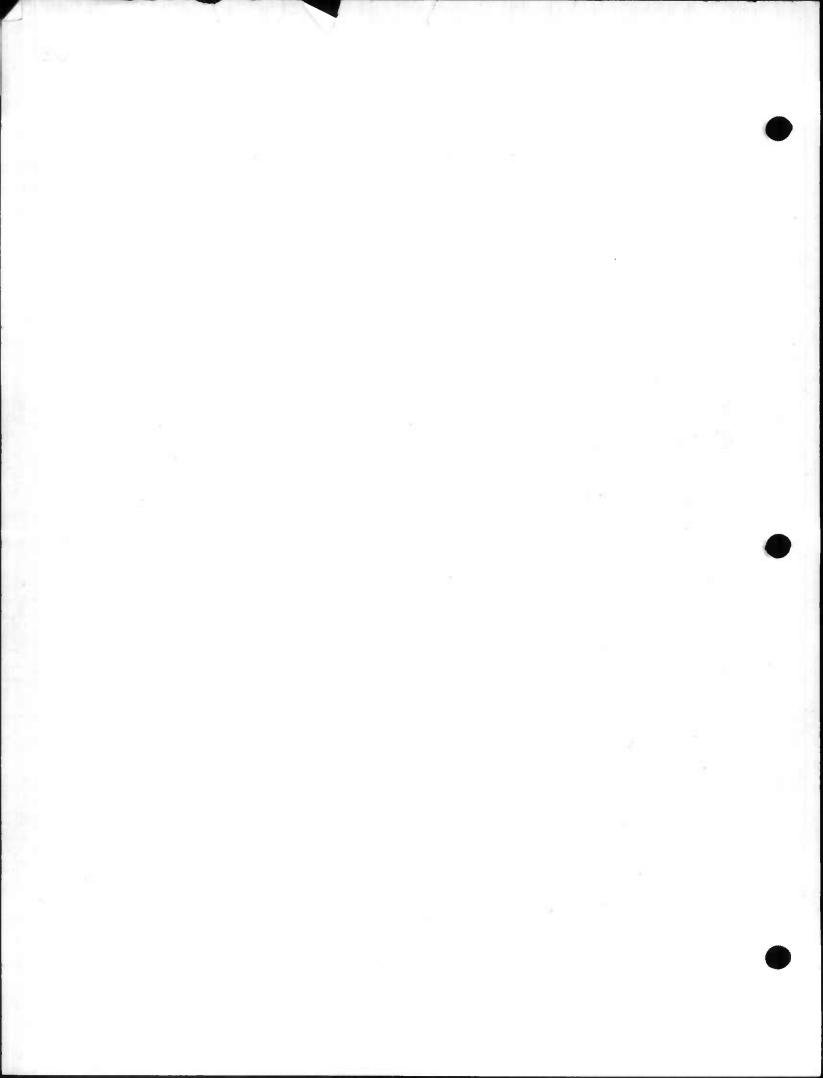
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital on the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR				DEATH		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F OEATH			3. TIME OF DEATH			
Š	BERTHA E. BROWN FEB. 29 1996 11												
		E (In yrs. lest birthd		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH				IPLACE (State or Foreign			
	220-16-4856 1 M 2X F	86 YR	S. MON	THS DAYS	HOURS MIN.		12 1	910	MA1	RYLAND			
	9e. FACILITY NAME (If not institution, give street end number)		9b.	CITY, TOWN	OR LOCATION OF D				INTY OF D				
E C	ANNE ARUNDEL MEDICAL CENTER		1	NNAPO	ILTS			ANINI	C ADI	UNDEL			
Ĕ.	RESIDENCE OF DECEDENT		1 -		72.5			AIVIN	L AN	ONDEL			
DIRECTOR	10a. STATE 10b. COUNTY	10c.	CITY, TO	WN OR LOCA	TION		_			10d. INSIDE CITY LIMITS?			
	MARYLAND ANNE ARUNDEL	LOTE	IIAN						1 X YES 2 NO				
AL	10e. STREET AND NUMBER			1	H. ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?			
FUNERAL	5039 SOLOMONS IBLAND ROAD				20711			1	US	S			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YE				CENDENT OF HISPA			or No-	14. RACI	E — Americen Indian, k, White, etc.			
ВУБ	1 Never Married 2 Merried FORCES? 1 YE 3 Never Married 2 FORCES? 1 YE IF YES, GIVE WAR OR				pecify Cubsn, Mexico S 2 XNO Specific		can, atc.)		Spec	elfy			
			1						BI	LAKK			
三	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDEN (Give kind	of work of	tone during n	ION lost of working	16b.)	UND OF BUS	SINESS/IN	DUSTRY				
Щ	Elementery/Secondary (0-12) College (1-4 or 5 +)	life. Do NO		red.)									
MP	7th 0	PRESSE	R			U.S	S. NAV	VAL A	ACADI	EMY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mi	ddle, Maiden	Sumeme)					
BE	CHARLES PARKER				MATI	LDA HO	PKINS	3					
10	19. INFORMANT'S NAME (Type/Print)	19b. MAIL	ING ADD	RESS (Street	end Number or Flural	Route Numbe	r, City or Tow	n, State, Zi	ip Code)				
	CLIFTON BROWN	5053	SOL	OMONS	ISLAND	RD. LO	THIA	I, MI). 20	711			
	1 Duriel 2 Cremetion 3 Removal from State	10b. PLACE AND DA	or other n	lece)		DATE	1			own, State			
	130 Buriel 2 Cremetton 3 Removal from State 4 Doneston 6 Other (Specify) M1. ZION CHURCH CEMETEERY 3/5/96 LOTHIAN MD.												
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF FA		DV 1						
	Lan A Ra				& SONS				0110				
	23. PART I. Enter the diseases, or complications that ceus	sed the death. [o not e	ozi W	EST ST.	ANNAPU	LIS.	ratory a	Z140	Approximate			
	ahock, or heert failure. List only one ceuse on eech lina.												
	The state of the s												
- 9	disease pr condition a. Wevnin Nia. 7d												
_													
0	Sequentially list conditions, If any leading to immediate DUE TO (08 AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING PER! PHEND VAS CULAN DISCASE 5 Year +												
FI	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
RT	resulting in deeth) LAST												
S	d												
AL													
DICAL							1 YES 2	- 1		COMPLETION OF CAUSE OF DEATH?			
MEI					1			/		1 YES 2 NO			
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DUNCERTAIN												
N N	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one)												
SIC	EXAMINER? 1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
PHYSICIAN: MEI	27. MANNER OF DEATH 28e. DATE DF INJUF (Month, Day, Yea	(Y 26b.	TIME OF	28c. II	JURY AT	28d. DE\$0	RIBE HOW I	NJURY O	CCURED				
ВУ	1 Netural 5 Pending Investigation	"	IIIOOTTI		YES 2 NO								
	3 Suicide 8 Could not be 269. PLACE OF INJU	JRY — Al home, fe	rm, street	, fectory, off	Ce	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
TED	4 Homicide determined	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City of	iown, Steley						
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death oc	curred at	the time, da	e and place, and du	e to the ceus	e(s) end me	oner en et	ated				
M	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner as stated. 2 MEDICAL EXAMINER: On the bests of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) and menner as stated.												
ပ္													
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER												
0	TO WANT AND ADDRESS OF THE PARTY OF THE PART	1	/	10	1105	17 6			2/	1176.			
	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27)	type, Prin	1)	SHA	PANIC	na		M	1 2			
	MANY SUSPENSION OF SUSPENSION	NIFE	0		11111	012	UE		1101	20764			
ij	MAR 0 4 1996 32. REGISTRAR'S SI												
	111/11/ 0 ± 1330 Step Da	vidson-Pan	dell										



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 08033 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Vear **Physician** Tda Baynard 1996 Feb 11:10AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Memorial Hospital at Easton Easton Talbot If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 5. Sociel Security Number Date of Birth (Month, Dey, Year) 9/19/1924 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□ M 2€2 F 218-16-7797 Director 71 Maryland Usual Residence of Decedent Pegas 1 and 2 should be filed within 72 hours after death with the Meryland neet of Heelth and Mental hygiens. and if them 27 le marked other than "netural", or items 23a or 28a-f ehow try or other treumatic event, me Medical Examples man be notified as 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Items 23s or 28s-f show the Medical Examiner must be nothed at Talbot Easton 1 Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 26902 St. Michaels Rd. 21601 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Maritai Status Black. White, etc. 1 ☐ Yes 2 🔀 No If Yes, Give 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White þ 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) -8 homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be David E. Baynard Carrie Evelyn Strannahan 2 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wilson Baynard/son 26902 St. Michaels Rd., Easton, MD 21601 20b. Piaca of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Date permit. Pegas Department of Important: If it any injury or o 1 Buriai 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 2/6/96 Greensboro Cemetery Greensboro, Maryland 22. Name end Address of Facility Fleegle-Helfenbein Funeral Home Greensboro, MD

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart teilure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting In death) ACUTE INFERIOR + RIGHT VENTRICULAR MI AR Examiner Due to (or as a consequence of): Examiner CARDIOGIENIC SHOCK - NO BLOOD PRESSURE 11 The law requires that the death certificate be axecuted Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest 11 RESPIRATORY ARREST

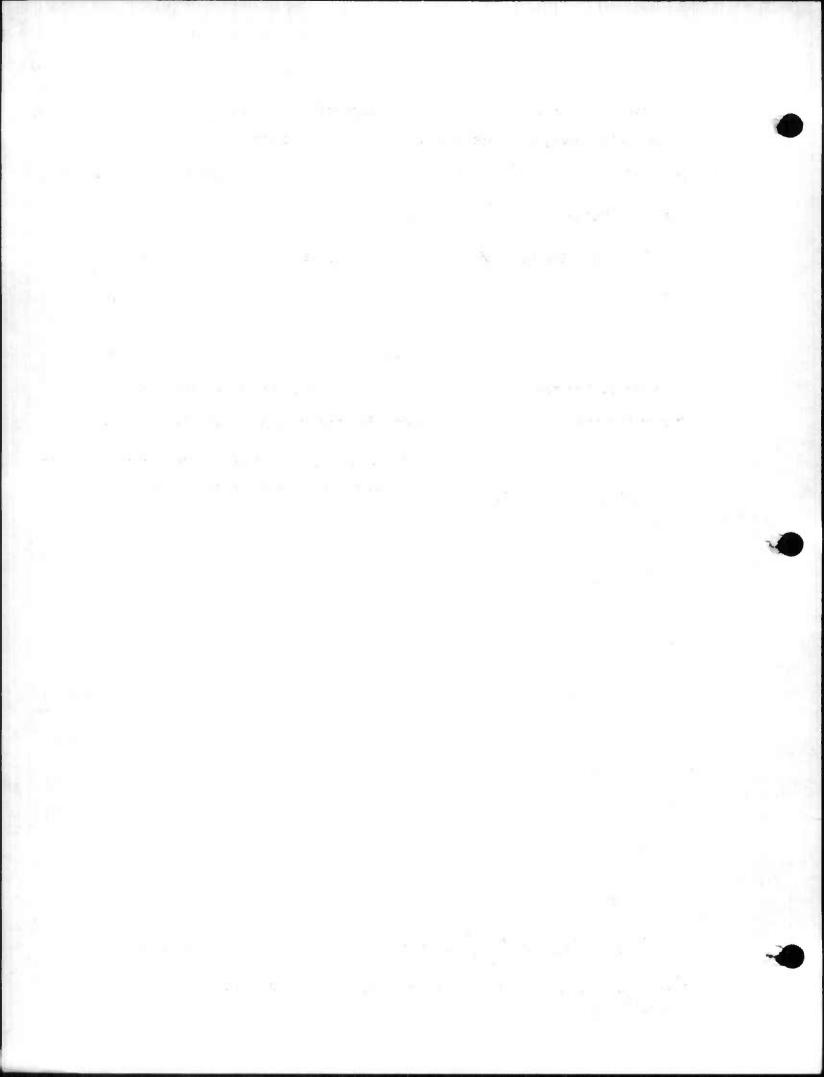
Due to (or as a consequence of): Box 68760, attanding physician Physician/Medical the 11 SEVERE BRADYCARDIA PH 6.7 SVERIE ACIDUSIS P.O. the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 24 No 3 Probably 4 Unknown Division of Vital Records, by Completed 24b. Were autopsy findings 24a. Was an autopsy performed? available prior to completion of cause of death? certificate has 1 Yes 2 No 1 ☐ Yes 2 No or Attending Physicien: 25. Was case reterred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28a. Date of injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: within 24 hours after death. To the Funeral Director: After 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and manner stated. Medical 29a. Certifie (Check only one) 29b. Signature and title of cartifles 29c. License number 29d. Date signed (Month, Dey, Year) inde 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

State Registrar 31. Date tiled (Month, Dey, Year) FEB - 5 96

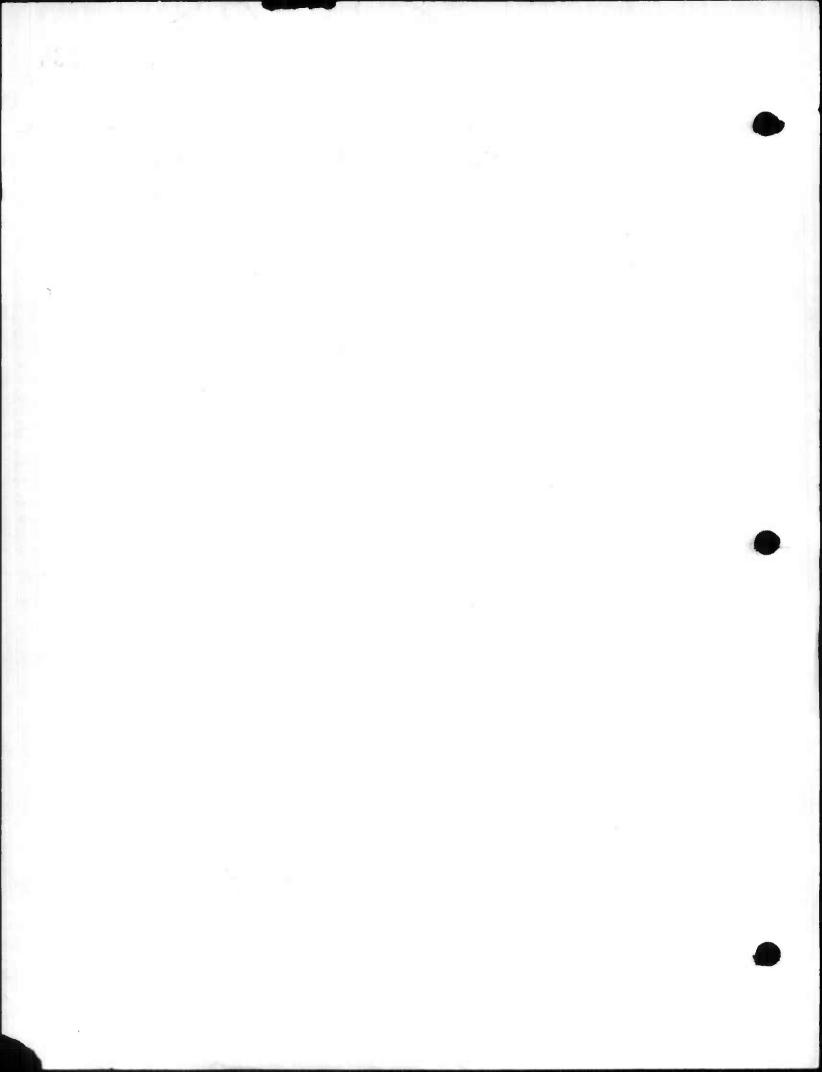
John J. Condit, Jr., M.D., 403 Marvel Ct., Easton, MD 32. Registrar's Signature Julia Daydon-Randall

21601



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020	
ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed witherest hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.	
RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
It fould after locati will the state below. Of regular involvers provide the build, cremetory, or ferroval.	, or refroval.	

30110	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Lest)	K. Ban	K. Barker					DATE OF DEATH MONTH LAY 1991 3. TIME OF DEATH MONTH LAY 1991 400 QM				
	4. SOCIAL SECURITY NUMBER 178-46-8045	1 🗆 M 2 🖫	85 YRS. M	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Pec. 13	1910	BIRTHPLACE (State or Foreign Country) Kansas				
TOR	99. FACILITY NAME (If not institution, give Anne Arundel Me RESIDENCE OF DECEDENT		•		apolis	EATH 4		ARundel				
DIRECTOR	10e. STATE 10b. COUNT	Arundel		town on Local				10d, INSIDE CITY LIMITS? VX YES 2 \(\square\) NO				
FUNERAL	100. STREET AND NUMBER 18 Sargent Court				21403		177	N OF WHAT COUNTRY?				
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		i. RACE — American Indian, Black, White, atc. Specify White				
OMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Seppndary (0-12)		Ille. Do NOT use i	rk done during mo	ON est of working	SINESS/INDUSTRY mestic						
COMP	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	tdle, Meiden Surname)					
TO BE	Robert Korff 190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		ttie L. St		ode)				
2	Warren J. Barke	20h 5	18 S	argent		DATE 20c. LC	CATION — CIT	y or Town, State				
er must	1 Buriel 2 Cremation 3 Ren 4 Donetion Dotter (Specify)	noval from State ceme	tery, crematory or other t Lincoli	n Crema	tory	3/2 Bre		d, Maryland				
si examinor	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home, Inc. 147 Dul of Gloucester St., Annapolis, Maryland 23. PART I. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
event, the medical	23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on each	the death. Do not the line. Physical Consequence of:	entar the mo	da of dying, such	PRUL	Iratory arres	t, Approximata interval Between Onset and Death				
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
Shows any injury, MEDICAL CE	PART II. Other significant condition	ns contributing to death bu	t not resulting in	tha underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
23 s	DID TOBACCO USE CONT	T	DEATH YES		UNCERTAIN	1791		1 1 163 2 1 10				
or Item YSICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	C	THER:	a 5 - Residence	6 Other (Specify)						
BY PHY	27. MANNSR OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY Month, Day, Year)	28b. TIME (M 1 U	RK?	28d. DEŞCRIBE HOW	NJURY OCCUP	RED				
28 Is TED	3 Suicide 6 Could not be 4 Homicide determined	bulleting, and (Specif)	- At home, ferm, stre	et, factory, office		28f. LOCATION (Street City or Town, Stete)		Rural Route Number,				
를 걸		BICIAN: To the best of my knowled ER: On the basis of examination						ause(e) end manner ee stated.				
B B	SOPTEMBER WITH OF CONTINE	and ma			D416	9 H	29d. DATE S	BNED Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WE	HO COMPLETED CAUSE OF DEAT		341	mp	SIND						
	31. DATE FILED (Month, Day, Year) MAR 0 4 1996	32. REGISTBAR'S SIGNAT	TURE .									



Please Type or Print in Black Indelible Ink. As

Please Type	or Print in B	ack Inc	delible In	k Assıı	re A	II Conies	Are I eal	hle			
	te of Maryland	/ Depa		Health a		lental Hy	_	96	08035		
1. Decedent's Name (First, Middle, Last)	Chase	,				2. Date of Dea		Year 1991	3. Time of Deeth		
4e. Fecility Neme (If not institution, give street at 3398 Broomes Island	nd number)			4b. City, To		ocation of Deeth	4c. County		7		
5. Social Security Number 6. Sex 1 M 2 E	7. Age (In yrs. la		Months Day	er If Under:		8. Date of Birt (Month, Day July 4	h v. Year)	9. Birth	place (State or Foreign ntry) yland		
Usual Residence of Decedent		Town or Loc							10d. Inside City Limits 1 ☐ Yes 2\(\bar{\text{L}} \) No		
10e. Street and Number		rt Rep	10f. Zip Code				10g. Citizen of V	Vhat Cou			
1 Never Married 2 Married 1 N	S Decedent Ever in U,S led Forces? Yes 2 No.	if	Yes, specify Cu	f Hispanic Original Liben, Mexican	gin? (Sp , Puerto	ecify Yes or No- Rican, etc.)		e - Americ k, White,	can Indien, etc.		
3 ☐ Widowed 4 ☐ Divorced If Ye Yea 15. Decedent's Education (Specify only highest grade compli	es, Give 8/17/ or Detes: 11/18/	4.6 16a, Deced	☐ Yes 2☑ N ent's Usual Occ	upation	of work	ina	Specify 16b. Kind of Bu	D.	B1ack ss/Industry		
Elementary/Secondary (0-12) Colle	ege (1-4or 5+)		kind of work don 10 NOT use reti Carpent	er			Cons		ion		
17. Father's Name (First, Middle, Last) John Thomas	Chase			18. Mothe		Franc	Meiden Sumer es Ja	ackso	on		
19a. Informent's Name/Relationship <i>(Type, Prin</i> Doris Hurley/daughter		3398	Broomes			. Port		ic, N	1D 20676		
20a. Method of Disposition XXBurial 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from State cer	netery, crem	sition (Name of setory or other p Church		3	/9/96	St. Le		own, State		
21. Signature of Funeral Service Licensee	Source	- 0	Name end Add		se		neral Ho		MD 20678		
23a. Part . Ener the disease, or complications shock, or heart fallure. List only one cause	thet caused the death, e on each line.								Approximate Intervel Between Onset and Death		
Immediate Cause (Final disease or condition resulting in death)	CUTE Due to (or a	m Y		DIAL	-	INFA	RCTIO	2	- I week _		
Sequentially list conditions,	Due to (or a	as a consequ	uence of):								
ff any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last	Due to (or a	o (or as a consequenca of):									
d											
Part II. Other eignificant conditions contributing			derlying cause	given in Part I.			obacco use co Yes 2 No	3 ☐ Pro	the cause of death?		
-CEREBRO VA.			CCID	EN.	7.		an autopsy rmed?	ev	ere autopsy findings allable prior to impletion of cause death?		

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: If Itam 27 is marked other than "natural" any injury or other traumatic event.

Physician /Medical

Examiner

Directo

Funeral

by

Completed

Be

P C

Funeral

Director

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be associated within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

Physician/Medical Completed by Be

Examine Medical Certification: To

Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in F ERMATO MYOSITIS EBRO VASCULAR ACCIDE 1 Yes 2 No 1 ☐ Yas 2 ☑ No 25. Was case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 □ Nursing Home 5 ☐ Residence 6 □ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1- Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 ☐ Could not be 3 Suicide 28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture and title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number 5 50

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

-025579

3-04-96

A. Shah, M.D.

Prince Frederick, MD

31. Date filed (Month, Dey, Year) State Registrar

32. Registrar's Signature This Swedson Randall The property of the second of ** A ** 1 ** A ** 1

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

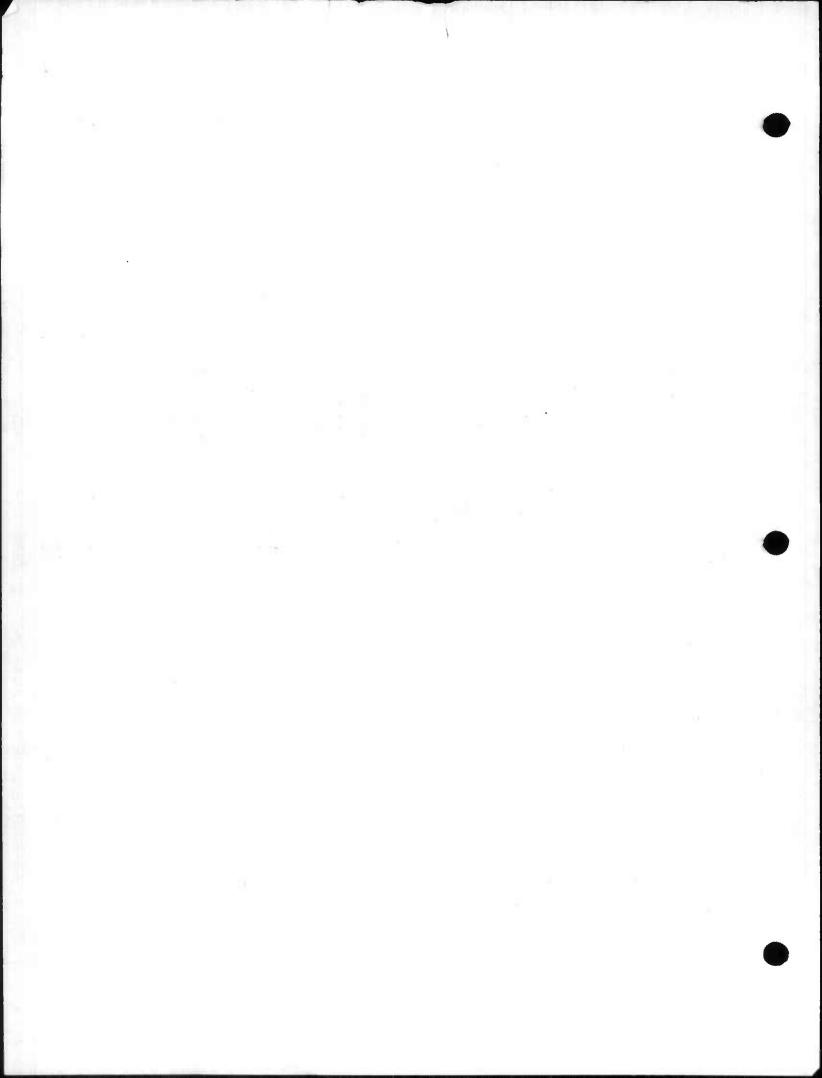
08036

						Certifica	ate of	Death		Reg.	No.	20	00000	
	Dharais		1. Decedent's Nama (First, Middle, Las	st)					2. Data Mon	of Death	30	Year	3. Tima of Death	
	Physic /Medi		Freeland	Leighto	n Ca	arter,	Sr.		Mar			996	6:15 PM	
T	Exami		4a. Facility Nama (If not Institution, give						, or Location of	Death	4c. County of			
			2282 Smoky Roa					Huntin	_		Ca	1ver	:t	
	Funeral Director		210 14 3001	ax M 2□F	72 Y	rday) If Und Month	lar 1 Yaar s Days		Min. 8. Data Mon Mar	of Birth th, Day, Ye ch 23	,1923	9. Birthp Coun Mar	laca (Stata or Foraign try) 'Y land	
	pue *		Usual Residence of Decedent 10a, State 10b, County	10	c. City, Town	or Location						1	0d. Insida City Limits	
Aprode	/ sho	ō	Maryland Calver									'	1 ☐ Yas ŽÜNo	
	28e	Director	10e, Street and Number		nane.	ingtown	ip Coda			10a	Citizan of W	hat Coun	trv?	
	3a or		2282 Smoky Ro		20639)			USA		,.			
	ms 2	Funeral	11. Marital Status	12. Was Decedant Eval	r in U,S.	13. Was Dec	Hispanic Origin	? (Specify Yas	or No-	14. Race		en Indian,		
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show may injury or other traumatic event, it is Med cal Examine: must be notified at ances.	by	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:	1946		2K) No		Puarto Rican, at	c.)		Black, White, atc. ecity: Black		
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2	J Mer	T _o	Robert H.	Carter				Augus			Ray			
<u>⊠</u>	d 2 sho		19a. Informant's Name/Ralationship (1			_			or Rural Routa					
á	1 and Health em 27 other tr		Freeland L. Carte 20a. Mathod of Disposition		92. Ob. Place of I			Fores	t Lane	#302	LOTE. Location - 0		VA 22079	
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	pemit. Page Department of Important: If any injury or once.		4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Licen		Mt. Ho	pe UM		Cem.	3/15		Sunder		, MD	
Ba	Depa Impo any in		> Spancer	Sew	ell	1451 I	ares	Beach		ince :	Freder		MD 20678	
o			23a. Part1. Entar the disaasa, or comp shock, or heart tellura. List only	plications that ceused the one ceusa on each line.	daath. Do no	ot antar tha m	oda of dyi	ing, such as ca	rdiac or respira	tory arrest,	_		Approximeta Interval Between	
	Physician /Medical	ler	Immediata Causa (Final disassa or condition Base or condition										Onset and Death	
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P.O.	hat the									1 🗆 Yee	2D No	3 Prot	bably 4 Unknown	
Division of Vital Records,	signe signe d be	d by							- 04-	Ween	74100 T	24h We	ara autopsy findings	
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ō	Phys r this eral di	: To	27. Mapnar of Death	1 ☐ inpatiant	2 ER/Outp		28c. Inju Wo	4 LI NUIS	ing Homa 28d. Das	-	njury occurre		"	
5	ding I th. : After e funer	tio	tr☐Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	(Month, Day Ye	ar) In	jury M		rk?]Yas 2∐ No						
1151	i or Attending Physician: after death. Director: After this certific d in by the funeral director.	fice	3 Suicida 6 Could not be	28a. Place of Injury -		n, straat, facto	ory, office			31. Location (Straat and Number or Rural Routa Number,				
á	る世界に	Certification:	4 Homicide datamined building, atc. (Specify)									1)		
	To the Hospital within 24 hours a To the Funeral C completely filled	edical (29a. Certifier (Check only one) Certifying Phy	ratcian: To the best of my tner: On tha basis of exa and mannar stated.	mination and/	deeth occurre or investigetion	d at tha ti on, in my	ma, data and popinion, daath	place, and due to occurred at that	o the ceus tima, data	a(s) and man and place, e	nnar as st nd dua to	ated. tha cause(s)	
	To th To th comp	Me	29b. Signatura and title of certifiar	· M)	2	9c. Licans	sa number		29d.	Data signed	(Month,	Day, Year)	
1	911		17 1 Mun	SC DIOE	el F	Lyn	D	194	27	2	1/1	1	96	
7	341		30. Nama and addrass of person who o	ompleted causa of daath	(Item-23a) (T	ype, Print)		1_/_/			1	-1-	1	
			A. T. Munshi,			•		Prin	ce Fred	erick	, MD			
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	Registr	ar	MAR 1 2 199	6 HULL ORUM	MON-MONO	COLUMN TO THE PARTY OF THE PART								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTI			MENTAL HYGIENI REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lest) JOSEPH JOHN	CHESLO	CK			March 10	, 1996	3. TIME OF DEATH 4:00 P.
	213-44-3/04	M 2 🗆 F 88		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Teb. 4,1		BIRTHPLACE (State or Foreign Country) ennsylvani
۳ ا	9a. FACILITY NAME (If not institution, give street and 19 Poplar Lane	nd number)	9		n Head	ATH	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Charle	S		ian He	ad			LIMITS?
BY FUNERAL	100. STREET AND NUMBER 19 Poplar Lane			101	20640			S.A.
5	11. MARITAL STATUS 12. W	MAS DECEDENT EVER IN U.	S. ABMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Yea		. RACE — American Indian, Black, White, etc.
_		F YES, GIVE WAR OR DATE		1 TYES	2 X NO Specify	n, Puerto Ricen, etc.)		Specify: White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	i 16	a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during mo	N st of working	16b. KIND OF BUS		TRY
COMPLET	Elementary/Secondary (0-12) Coll	lege (1-4 or 5 +)	Enginer	,			avai Plant	Propellant
CO	17. FATHER'S NAME (First, Middle, Last) Joseph J. Che	slock				ME (First, Middle, Maiden a Drotar	Surname)	
0 8	19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·			nd Number or Rural A	loute Number, City or Town		· ·
-	Clara Pearson Che		19 PC			dian Hea		20640 or Town, Stata
	26s. METHOD OF DISPOSITION 14 Burlal 2 Cremation 3 Removal in 4 Denation 5 Other (Specify)	om State	ry, crematory or other Tgnat	Tus C	emetery	3/13/96	Chap	el Point, N
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	E		ARE ARE	HART-EC	HOLS FUN	ERAL.	HOME, INC.
	N. Cchola		00174	P.0	. BOX	567 ,LA	PLATA	, MD. 2064
	23. PART I. Enter the diseases, or complete abock, or heart feliure. List of IMMEDIATE CAUSE (Final disease or condition	only one cause on each	line.	Δ.			ratory arrest	Approximate interval Betwood Onset and Do
	resulting in death) s. C	DUE TO (OR AS A CO	INSEQUENCE OF):	T COLUMN	15 orsea			5 WEEK
N O	Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSEQUENCE OF):					
CAT	If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury							
RTIFICATION	that initiated events reaulting in desth) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):					
CE	PART II. Other significant conditions con	tributing to death but	not resulting in	the underlyin	cause given in	Part I. 24s. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDI
MEDICAL						PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
ME							*	1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH		UNCERTAIN	<u> </u>		
YSIC	EXAMINER? 1 YES 2 NO 1Y	SPITAL: Inpatient 2 - ER/Outpatie		OTHER:	e 5 🗆 Realdenca	6 Cher (Specify)		
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUP	REO
D BY	6 Could not be	26e. PLACE OF INJURY — building, atc. (Specify)	At home, term, str			281. LOCATION (Street and City or Town, State)	and Number or	Rurel Route Number,
LETED	4 Homicide determined							
COMPL	(Check only	To the best of my knowleds the basis of examination of						ause(a) and manner ae state
BEC	296. SIGNATURE AND TITUE OF CENTIFIER	0			29c. LICENSE NUM			IGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO CON	~ ~~			D352			1186
	30. NAME AND ADDITESS OF FERSON WITO COM	WPLETED CAUSE OF DEATH	1 (ITEM 27) (Type. F	rint)				
	MAR 1 2 1996		1 (ITEM 27) (Type, F	1 6101 m	often KD.	Fort, When	ingim	mo.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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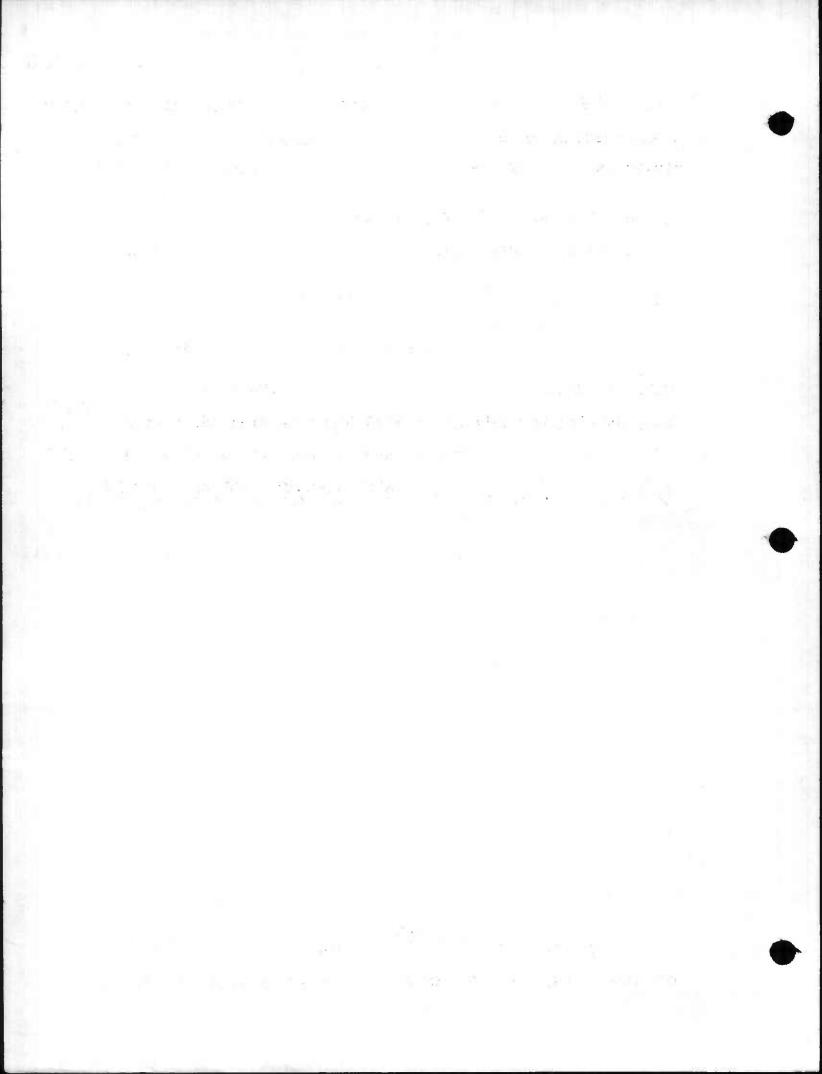
08038 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month MARCH KTNG SHAI CHANG CHOU 9th 7:53 PM 4b. City, Town, or Location of Death 4a. Facility Neme (If not Institution, give street and number) 4c. County of Death PHYSICIANS MEMORIAL HOSPITAL CHARLES LAPLATA 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. Jan. 10, 1922 5. Social Security Number 9. Birthplece (State or Foreign 1□M 20 F 219-90-6620 China Usual Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits should be filed within 72 hours after death with the Maryl nd Mental Hygiene. marked other than "natural", or Itema 23a or 28a-f sho ms 23a or 28a-f shortman 1 ☐ Yes 2 No Director Maryland Charles Port Tobacco 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 7520 Simms Landing Road 20677 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Merital Stetus the Madical Exeminer 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes ATNo þ Widowed 4 □ Divorced Specify: Chinese Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) House Wife At Home 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Pages 1 and 2 should be nent of Haaith and Mental (Unkown) Chang (Unkown) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip C 0 6 7 7 permit. Pages 1 and 2 sh Department of Haatith and Important: If item 27 is m any injury or other traum once. Nancy JauPing Lewis-Daughter, 7520 Simms Landing Rd., Port Tobacco, Md. 22. Neme and Address of Facility

AREHART-ECHOLS FUNERAL HOME, INC. 21. Signet fre of Funerel Service License 23a. Part1. Enter the disease, or complications that volumed the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximately and the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximately and the deeth. M - 00174Approximate Interval Between Onset and Deeth -Physician /Medical Immediate Ceuse (Finel · CEREBRO -VASCULAR ACCIDENT WEEKS disease or condition resulting in death) Examiner Physician/Medical Examiner sician and bunal-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Lest Due to (or es e consequence of): physician is the buna Box 68760. Due to (or as e consequenca of): P.O. Pert It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? PNEYMONIA 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. Completed 24b. Were autopsy findings available prior to MALNUTRETFON 24a. Was an autopsy completion of cause of deeth? DEHYDRATION SEVERE 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No cartificata or Attanding Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No After this filled in by the funeral 27. Manner of Death 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel 1 Yes 2 No within 24 hours aftar death. To the Funeral Director: A complataly filled in by tha fo 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner as stated.

2 Medical Examtner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only the the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) nuangar D26064 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) ANMANGANDLA, VIDYASAGAR, MD ROUTE 5 AND GOLDEN BEACH RD. P.O. BOX 282 CHARLOTTE HALL, MD 20622 32. Registrer's Signature
Reviall 31. Dete filed (Month, Day, Year) MAR 1 2 1996

DHMH 16 Rev 6/95

Registrar



1	•	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

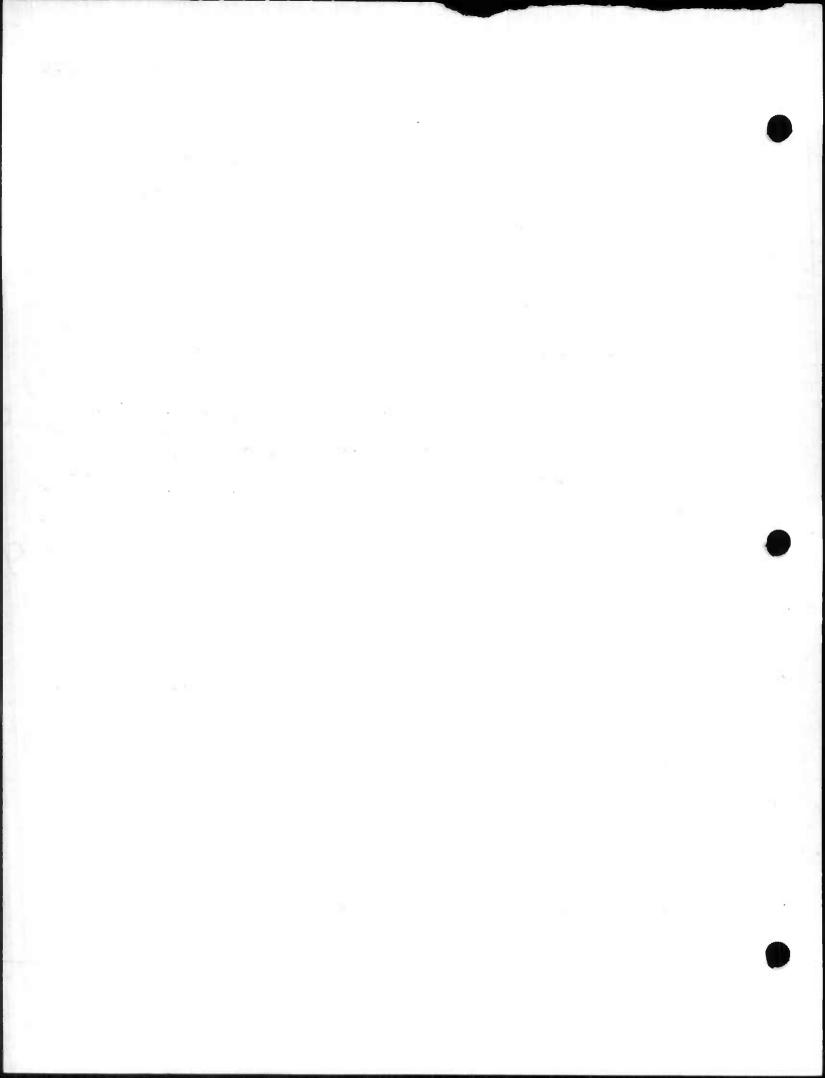
	REGISTRAR		CERT	IFICAT	E OF	DEATI	H	RI	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DEATH		3. TIME OF DEATH
	Melvin Wesl	ey Cooper	, Sr.					March	7, 1996	YEAR	2:30 A M
		-	(In yrs. leat birthd	ay) IF UNDE	ER 1 YEAR	IF UNDER 24	4 HRS.	7 DATE OF B	ISTH	8. BIRT	HPLACE (State or Foreign
į	220 00 0077	1 🖳 M 2 🗆 F	91 YR	B. MONTHS	DAYS	HOURS	MIN.	Apr 30	1904	Ma	ryland
_	9a. FACILITY NAME (If not institution, give etree	,		9b. CIT	Y, TOWN	DR LOCATION	OF DE	HTA	9c. CO	UNTY OF	DEATH
F F	Country Companions				Tai	neytow	vn_		,	Car	roll
Ä	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	DR LOCA	TION					10d. INSIDE CITY
ā	Maryland Car	roll				lampst	cead	l			1 TYES 2 ND
FUNERAL DIRECTOR	491.0 Mt. Carmel Ro	ad			10	210	74		10g. CI	US	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2, WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 ND DATES X	13	If yes, sp		Mexica	n, Puerto Rican	pecify Yes or No— , etc.)	14. RAC Ble Spe	CE — American Indian, ok, White, etc. oily:
8	15. DECEDENT'S EDUCA	TION	16a. DECEDEN	T'S USUAL	OCCUPATE	ON	_	16b. KINI	D OF BUSINESS/IF	DUSTRY	
E	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind	of work done T use retired.	during mo	ast of working					
COMPLETED	11		S	elf-Er	mploy	yed			Dairy	Farm	er
00	17. FATHER'S NAME (First, Middle, Last)		1					Carried States	, Malden Surname)		
BE	Samuel Wesley Coo	per						esh			
2	190. INFORMANT'S NAME (Type/Print) Inez Cooper								ad, MD		1
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DA				1, 11	OATE	20c. LOCATION -		
	Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	Grace (or other place	ery			3/9	Hamps		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1 91	61	22		ND ADDRESS		EL	ine Fun		
_	23. PART I. Enter the diseases, Dr cor	U · CACA	u		_				pstead,		210/4
	ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	at only one cause on	aach lina. Lott: A conseduence						or respiratory a	irreat,	Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOH AS	A CONSEQUENCE OF THE SECOND CONSEQUENCE OF T	e on:	Dizes wko	asi Lali	slat	20			5-6 yes 10 yes
	PART II. Other significant conditions	contributing to death	but not results	ng in the o	milerlyin	g cause giv	ven in	Pert I. 24s.	WAS AN AUTOPSY PERFORMED?	24	b. WERE AUTOPSY PINDINGS MARLABLE PRIOR TO
: MEDICAL								_ '	VES 2 AMO		OF DEATHY 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEA	ATH (Chi	eck only snej			
Sign I	Commence of the section	IOSPITAL:	tpatient 3 🗆 DO	A 4 N		e S 🗆 Resi	dence	a Chromer (Son	NON PORTA	his 1	House
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	285.	TIME OF INJURY	WC	URY AT	NO	28d. DESCRIB	IE HOW INJURY O		
	3 Accident Investigation 3 Subbide	28s. PLACE OF INJUST building, etc. (Spo	Y — At home, far	m, street, fa	ctory, offic	•		201. LOCATION City or Tox	N (Street and Numb en, State)	er or Rusel	Route Number
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:										(e) end manner ee stated.
H	296. SIGNATURE AND THE OF CERTIFIE	esus				29c. LICEN	OSC		29d, D/	TE SIGNE	O (Month, Day, Year)
2	ATRICK A TURNO	S, MD	1	Type, Print)	y Ro				surg, my) -	1784
	31. DATE FILED (Mgritt, Day, Year)	12 ACCIOTRADIO DIO	MATURE		, ,,,,,			7.50	3, 3,		1101
- 1	MAR 7 1996	Jalia davel	ertarball								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiliner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND N	MENT	AL HYGIENE REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH			3. TIME OF DEATH
ľ	Edward	Raymond		Cu11:	ison			MD	arch 8,	1996	YEAR	11:15 a. w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER 24 HRS.	7. DA1	E OF BIRTH			IPLACE (State or Foreign
	213-38-0710	1 🔣 M 2 🗌 F	57	YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, Year)	39		
•	9a. FACILITY NAME (If not institution, give :	street and number)		_	9b. CITY,	TOWN 0	R LOCATION OF DE				NTY OF O	
OR	St. Mary's Hospi	tal			L	eona	ardtown			S	t. Ma	ary's
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT			10c CIT	Y, TOWN O	R I OCAT	ION					10d. INSIDE CITY
DIRECTOR		. Mary's			Vall							LIMITS?
	10e. STREET AND NUMBER	· Hary 5		1	7411	_	ZIP CODE			10g, CI1	IZEN OF V	WHAT COUNTRY?
AH	18934 Russell Ro	ad					20692			231	U.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED			ENDENT OF HISPAN			or No-	14. RACE	E — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W		NO			cify Cuben, Maxica: 2 ₭ NO Specify		o Rican, atc.)		Speci	k, White, etc.
) BY	3 Widowed 4 Divorced	Vietna										White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION s completed)	1	DECEDENT'S (Give kind of ife. Do NOT u	work done d	CUPATIO	N st of working		6b. KIND OF BUS	INESS/IN	DUSTRY	
Ľ	Elementary/Secondary (0-12)	College (1-4 or 5+) '				H = -1		rs t -			
ME	12th grade 2	years		Lie	etron	1C .	l'echnicia	$\overline{}$			Servi	Lce
		ester	Cull	ison			Anna	ME ITHS	Marie	,	Peaco	nck
BE	19a. INFORMANT'S NAME (Type/Print)	00001			ADDRESS	(Street a	nd Number or Rural F	Route No				, etc
2	Mary Ann Culliso	n		18934	Russ	e11	Road, Va	a11	ey Lee,	Mar	yland	1 20692
	20a. METHOD OF DISPOSITION 1 🖔 Burlel 2 □ Cremation 3 □ Ran	nami toom State	20b. PLAC	E AND DATE	OF DISPOSE	TION (Na	me of 3/12/96	5 0	ATE 20c. LOC	CATION -	- City or To	own, State
	4 Donation 5 Other (Specify)	TOVAL ITOM State	St.	eorge	s C	atho	olic Cemet	tery	Vall	ey Le	ee, Ma	ryland
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE,	01		22. I Ma	TE 11	o aponess of FA	CUTY	ner Fune	eral	Home	P.A.
	Michaela	Daro	liner)								land 20650
	23. PART I/ Enter the diseases, or shock, or heart fellure.	complications that List only one cau	t caused tha sa on each li	death. Do na.	not enter	tha mo	de of dying, auc	h aa c	ardiac or reapli	ratory a	rreat,	Approximata interval Batween Onset and Death
	disease or condition resulting in death)	a. Pro	1 4 5 CON	e /	140	CA	nd.AL	I	in FAR	eli	ان	Scc.
_			, , , , , , , , , , , , , , , , , , , ,		. ,.							j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE O	F):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury	С.										
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEOUENCE O	F):							
5		d										
	PART ii. Other aignificant condition			t reaulting	In the un	derlyin	cause given in	Part i.	24s. WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS
EDICAL	Rina	l Faul	m						1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC	A45 K	Lay Min	n &						1			1 TYES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH Y	ES 🗆 1	10 C] UNCERTAII	N 🗆				/(
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL BXAMINER?	HOSPITAL:	26. PL	ACE OF DEA	OTHER							
YSI	1 YES 2 NO	1 Inpatient 2			4 🗔 Num	Ing Hom	e 5 🗆 Residence	6 🗆 0	ther (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, D	ay, Year)	28b. TII	JURY M		RK?	26d. I	DESCRIBE HOW II	NJURY O	CCURED	
B	2 Accident Investigation	26a PLACE C	F INJURY — At	home less			rES 2 NO	200	00171011 /01	- 4 M A		
TED	3 Suicide 6 Could not be 4 Homicide determined	bullding,	atc. (Specify)		ationt, racti	ory, orne		201, [OCATION (Street a lity or Town, State)	ina Numbi	er or murei	rioute Number,
COMPLET		SICIAN: To the best of	my knowledge,	death occur	red at the ti	me, date	and place, and due	to the	cause(s) and man	mer ee st	ated.	
0	MEDICAL EXAMIN	ER: On the beels of a	xamination and/	or investigati	on, in my o	pinion, d	eath occured at the	time, d	ata and place, an	d due to	the cause(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTUPI	ER					29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
00	m 18	mton	√).				P143	181			3-1	1-96
2	30. NAME AND ADDRESS OF PERSON W Dr. William Boyd,		SE OF DEATH (I	TEM 27) (Type		Leon	ardtown, Ma	arv1	and 20650			
	31. DATE FILED (Month, Day, Year)	33. REGISTRA	R'S SIGNATION				ALGEOWIIG FIC	y 1				
	MAR 12 1996	Julia d'u	wherto	delle		_						



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TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to buntal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE	OF	DEAT	H		REG. NO.

	FOR STATE OF MARYLAND 1 - REGISTRAR			HEALTH AND I	MENTAL HYGIE		
0	1. DECEDENT'S NAME (First, Middle, Last) Leland FARL Co	rnw	all		2. DATE OF OEATH MONTH March	DAY	YEAR 9.5 PM
		last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
	506~03~0224 1½ M 2 F 83	YRS.	9b. CITY. TOV	N OR LOCATION OF DE	NOV.15	1912	IOWA
DIRECTOR	HERMAN WILSON HEALTH CARE	CTR.		THERSBUR			ONTGOMERY
REC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
	MD. MONTGOMERY		GAI	THERSBUR	G		1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE	_	10g. CITI	ZEN OF WHAT COUNTRY?
NE I	211 RUSSELL AVE. #404 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ABMED	13 WAS	2087 DECENDENT OF HISPAN		fee or No	U.S.A. 14. RACE — American Indian,
BY FL	1 Never Married 2 Merried 1 Never Married 2 Merried 3 Widowed 4 Divorced FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WWITT	☐ NO	If yes	, specify Cuben, Mexica YES 2 XNO Specifi	in, Puerto Rican, atc.)	or No.	Black, While, etc. Specify: WHITE
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF E	USINESS/IND	
COMPLETED	Elementery/Secondery (0-12) College (1-4 or 5+)	Ille. Do NOT us	se retired.)				AGRICULTUR
MP	2 W. 17. FATHER'S NAME (First, Middle, Last)	AREHO	USE E	XAMINER	U. S.		'T OF
	EARL ELIHUE CORNWA	r.T.		MAR!			BROTHERTON
) BE	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Str	et end Number or Rural			
ဍ	SUSAN ELIZABETH CORNWALL	182	13-1 :	SWISS CI	RCLE, GEF	MANTO	OWN, MD.20874
	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremelton 3 Removal from State 4 Donetion 5 Other (Sporty)	CEAND DATE	of Disposition	NATORY	3/7 20c.		City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	THOLIN		E AND ADDRESS OF FA	7/	KIVEI	KDALE, MD.
	· W.M. (Kambush)	์ ที่กดกอ	ı w	W CHAMI	RERS CO	77.0	20737 VERDALE, MD.
	23. PART I. Enter the diseases, or complications that caused the shock, or hasrt failure. List pnly one cause on each	death. Do	not enter the	mode of dying, suc	h as cardiac or re-	piratory arr	rest, Approximata
	IMMEDIATE CAUSE (Final		7	1> -			Interval Between Onset and Death
	resulting in death) a. DUE TO (OR AS A CO)	SEQUENCE O	PI (OY	nbosis			3 years
NO.	Sequantially list conditions, Due TO (OR AS A CO)	SEQUENCE O	F):				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury						
RTIF	that initiated events DUE TO (OR AS A COI resulting in death) LAST	NSEOUENCE O	F):				
	DART II Other significant conditions entitivities to death had		In the control				
CAL	PART II. Other significant conditions contributing to death but in Diabetes Mellitys	ot rasuiting	in the undar	ying cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED					1 TYES	2 NO	OF DEATH? 1 □ YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	EATH Y	S NO	UNCERTAI	NXI		18.20 18.00
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	PLACE OF DEA	TH (Check only	one)			
IYSI	1 Tes 2 NO 1 Inpatient 2 ER/Outpatier		4 Nursing	Home 5 Reeldence			
	1 Natural 5 Pending (Month, Day, Year)	28b. TIN	JURY	WORK?	28d. DESCRIBE HO	W INJURY OCC	CURED
ED BY	2 Accident Investigation 3 Suicide a Could not be determined 28e. PLACE OF INJURY — A building, stc. (Specify)	At home, Jerm,	streel, fectory,	office	281. LOCATION (Stree Cify or Town, Str		r or Rural Route Number,
LET	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge	death coord	ad at the time	data and alone and du-		Avenue IV.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end						
BE C	296. SIGNATURE AND TITLE OF CHILDREN			29c. LICENSE NU		29d. DAT	E SIGNED (Month, Day, Year)
ē.	36 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) /To-	MD	0/0	121	• YY	1arch 6, 1996
	James R. Moore Jr. 207		ikes 1	aue (-	aithers	bun	בראה ב כומו
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUI				201111010		The work of
	MAR 07 1996 Salis Devolus	rodu	6				

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 08062 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** ELSIE MAE CASCIO March 1, 1996 2:10 A.M. /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner | Silver Spring | It Under 1 Year | It Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) Montgomery Medlantic Manor at Layhill 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Months 1 M 2 F Yes Director 214-32-9325 76 Nov. 15, 1919 Virginia Usual Rasidance of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 X Yes 2 ☐ No Director Maryland Montgomery Boyds 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 12508 West Old Baltimore Road 20841 United States death 12. Was Decedent Ever in U,S. Armed Forcas? 14. Race - American Indisn, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or from any injury or other traumatic event, the Medical Exercised other. 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Datas: 1 ☐ Naver Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: þ White 3 ☑ Widowed 4 ☐ Divorced 16a. Dacedent's Usuai Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilega (1-4or 5+) 6 0 Day Care Provider Child Care Industry 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Malden Sumama) Emma Horton 2 Dennis Hall 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Linda L. Cascio-Daughter-in-Law 12508 West Old Baltimore Road, Boyds, Maryland 2084 20b. Piace of Disposition (Name of cemetery, cramatory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, Ststa 1 ☐ Burial 2 ☐ Cremstion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 3-4-96 | Silver Spring, Maryland 21. Signature of Funeral Service License 22. Name and Address of Facility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, MD 20904 art . Enter the disease, or admplications that caus lock, or heart failure. List only one cause on each that caused the death. Approximata Interval Batwean Onset and Death Physician /Medical Immediate Cause (Final refus disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if any, isading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Bnd Due to (or as a consequence of) physician a s the burlai-Box 68760. 8 Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of) 88 attanding Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ed by the a 23b. Did tobacco use contribute to the cause of death? D'O 1 Yes 2000 3 Probably 4 ☐ Unknown signed b Division of Vital Records, À 24a. Was an autopsy Completed Were autopsy findings available prior to **D000** of cause 異 **Dage 2** 1□Yes 2□W 1 ☐ Yes 2 ☐ No certificate 25. Was case referred to medical 89 26. Place of Death (Check only one) TOYES 25No Other: 4 Disursing Home 5 Pesidence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 28a. Date of Injury (Month, Day Year) 27. Magger of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? Atter 1 Natural 2 Accident 5 Pending death. 1 ☐ Yes 2 ☐ No investigation after death Director: / 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 I Homicide To the Hospital or within 24 hours alt To the Funeral Di edica 29a, Certifian 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the On the basis of axamination and/or Invastigation, In my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and title of certified 29d. Date signed (Month, Day, Year) 30. Name and address of person with completed causa of daath (Itam/2βa) (Type, Print) Jent RUNIN 31. Data filed (Month, Day, Year) 32. Ragistrar's Signature

State Registrar

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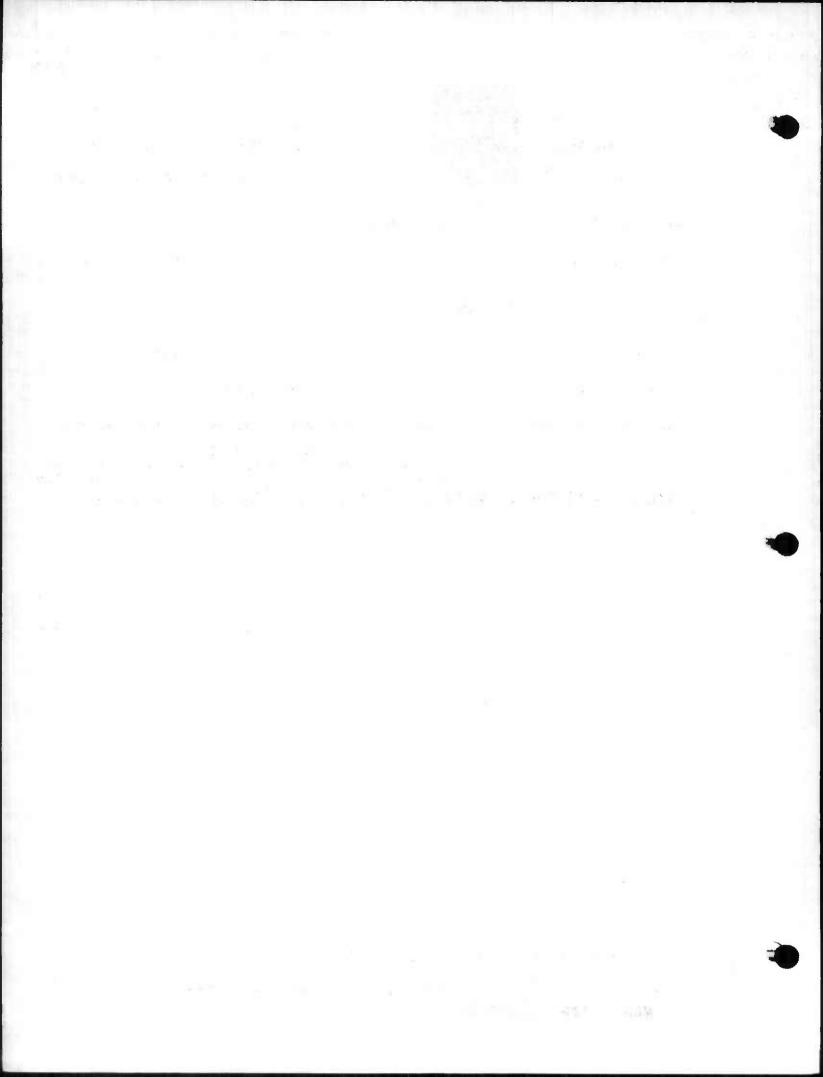
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State of Maryland / Department of Health and Mental Hygiene

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Physici /Medic						Cer	titicate	of Death		R	leg. No.		
		1. Decedent's Neme (First, Mic	ddle, Last)							Dete of Dee	th	See A	3. Time of Death
(B. II a all)		Tomas	RIV	nha		Cart	-DV			Month	Dey	Yeer	1240 PM
		JULI 145		nhar	<u> </u>	Jur		Ab Ob. To	own, or Location	Or Ch		196	1210 119
Examir	ner	4e. Facility Neme (If not Institu	tion, give stre	et ena number,				46. City, 10	wn, or Locatio	ni or Deeth	4c. County	of Deeth	
		Shady Grove A	Adventi	st Hos	pital				kville			tgome	ry
Funeral		5. Sociel Security Number	6. Sex		ge (In yrs. I	est birthdey)	If Under 1 Months I	Yeer If Under Deys Hours	24 Hrs. 8. C	Date of Birth Month, Day	(Veer)	9. Birthp	lace (Stete or Foreign
Director		002-05-4489	1X1 M	2 F	80	Yrs.	MONINS	Deys Hours			1915		Hampshire
		Usuel Residence of Decedent											
of at		10e, Stete 10b. Cour	nty		10c. City	, Town or Lo	cation					1	0d. Inside City Limits
Examiner must be notflied at	ō	Maryland Mor	ntgomer	~V/		Rockv	4110						1 No Yes 2 No
0	Director	10e. Street end Number	regemer	. 1		KOCKV	10f. Zip C	- da			IOg. Citizen of \	A# A C	10
	급	TOO. Street and Number					Tot. Zip C	ode			log. Citizen of t	rvnat Coun	ntry r
Ħ	<u>@</u>	2321 Pinnebe	erg Ave	nue			2	0851			Unite	d Sta	tes
3	Funeral	11. Marital Stetus	12.	Wes Decedent Armed Forces	Ever in U.	S. 13. V	Ves Deceder	nt of Hispanic Or Cuben, Mexica	igin? (Specify	Yes or No-	14. Red	e - Americ	
		1 ☐ Never Merried 2 🖾 M		1 X Yes 2 I		, '				11, 610./	DIE	ck, White,	etc.
	þ	3 ☐ Widowed 4 ☐ Divorc	ed	If Yes, Give Year or Detes:	World		I□Yes 20	No Specify:			Specify		ite
		15 Decer	lent's Education		war		ient's Usuei (Occupation			16b. Kind of B		
	ete	(Specify only hig	hest grade co	mpleted)		(Give	kind of work	done during mos retired)	st of working		TOD. KING OF D	uameaam	Justry
	Completed	Elementery/Secondery (0-12	2)	College (1-4or	5+)					-			
	ပ္ပ	12				0	fficer				Mili		
	Be (17. Fether's Neme (First, Midd	lle, Last)					18. Mothe	er's Neme (Fir	st, Middle,	Meiden Sumen	ne)	
	ToE	George C. Car	cter					K	ate Bat	tcheld	or		
	-	19e. Informent's Neme/Reletic		Print)		19b. Meilin	no Address /	Street end Numb				State Zin	Code)
			, , , , ,	,									,
		Emma S. Carter	/ Wif	e				erg Ave					
		20e. Method of Disposition 1 Buriel 2 □ Cremetion	a 🗆 🗆		20b. PI	eca of Dispo	sition (Neme netory or oth	or place) Marc	- b 11 1	ete	20c. Location -	City or To	wn, Stete
		4 Donetion 5 Other		ovei from State	Arl	ingto	n Nati	onal Cer	netery	1990	rlingt	n 17	irginia
4		21. Signeture of Funerel Servi		_									eral Home
DOCE.		P1 03	ha. ha	10 1	14.	Do	ckvill	e, Inc.	300 t	Jost N	Montgom	y run	leral home,
u		Darbara yol	TICITIUL	exendy	when	nce Av	enue.	Rockvil	le. Mai	cvland	2085	0-280	5
		23a Part1. Enter the disease, shock, or heert tellure. L	or complicati	ons thet cause	the deeth	. Do not ente	er the mode	of dying, such es	cardiec or res	spiretory em	rest,		Approximete
n		snock, or neen tellure. L	ist only one c	euse on eech i	ne.							1	Interval Between Onset end Deeth
! 		Immediate Cause (Final		6	' 1	-	2					í	2/1/
er		diseese or condition resulting in death)	Θ.	Aspe	rah	an 01	neu	nome					ed his.
		resuming in dealin)				es e conseq			0				
'n	ne			Core	/	ascu	Va-	Acci	len	1		1	1 man of
	Examiner	Sequentially list conditions	D. —	Com or c		es e conseq							/
10	Ä	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury		1. +		2 +	2	01	2	1	15		10
	Sai	Ceuse (Diseese or injury that initiated events	C	nen	010	ewi	ee	and	00 va	cula	- 1/1 X	de	10 yrs.
ı	//Medical	resulting In deeth) Lest			Due to (or	es e conseq	uence of):					1	
	M		d									1	
			_ u									1	
	Sici	Pert II. Other algnificant cond	itione contribu	uting to death t	ut not resu	Iting In the ur	nderlying cau	se given in Pert	l.	23b. Did to	obacco use co	ntribute to	the cause of death?
	Physician			10.			,					3 ☐ Prol	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DO2556 DO256/96 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) To Complete the Comp			A					-			_				
T. C. Santiana MD. 100 sinkth Character D. 100 sinkth			X	1	Cari	-12		ms	2	DO	1) +	1	ZVG, DATE	SIGNED	ionin, Day, Mear)
T. C. Santiana MD. 100 sinkth Character D. 100 sinkth		<u>و</u> ا	30. NAME AND ADDRESS DE PERÈ	M WHO	COMBI ETEO COM	E DE DESERVI	TEN OT C	2/4	<i>y</i>	20	47	10	0	47	6/76
J. G. Santiano, MD - 100 eighth Street, Pocomoke, Md. 21851 31. DATE FILED (Month), Day, Year) FEB 2 9 1996 July Davidson handel.															
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burlal-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the has find within 27 hours after death with the State Dent of Health and Mental Harrison prior in build cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Iaw	TO THE FUNERAL DIRECTOR: After this certificate has the find within 72 hours after death with the State Dent	IMPORTANT: If Item 28 is marked, or Item 23

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

MAR 5 1996

1. DECEDENT'S NAME (First, Middle, L	most)				DEATH	REG. NO.			A SOUTH DESIGNATION
Roy	Allen		Ch	orpenn	ing	2. DATE OF DEATH	1 J	1196	3. TIME OF DELTA
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Id	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
226-36-6455	1 📉 M 2 🗌 F	68	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 7, 192	.7	Wes	virgin:
e. FACILITY NAME (If not institution, g		_			OR LOCATION OF DE	EATH		NTY OF DE	
Union Memori		tal		Balti	more Ci	ty			
esidence of decedent to state 10b. co			10c CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland C	Carroll			New Wi					LIMITS?
le. STREET AND NUMBER	- CIT - CIT				of, ZIP CODE		10a, CIT		HAT COUNTRY?
2082 Dennings R	rd.				21776	5	,	S.A.	
. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	ARMED	13. WAS DE		NIC ORIGIN? (Specify Yes		14. RACE	- American Indian,
Never Married 2 K Married		1 X YES 2 WAR OR DATES]NO	It yes, s		n, Puerto Ricen, etc.)		Black, Specif	White, etc.
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15. DECEDENT'S (Specify only highest)	EDUCATION grade completed)	4	(Give kind of w	USUAL OCCUPAT	ION lost of working	16b. KIND OF BUS			
Elementary/Secondary (0-12)	College (1-4 or 5	+) //	le. Do NOT us	ACTIVITY.					ditionin _{
11 FATHER'S NAME (First, Middle, Las.)			techn	ician	40 1407117010	ME (First, Middle, Maiden		gerat:	ion
Dewey Schley Ch							Surname)		
INFORMANT'S NAME (Type/Print)	lorpenning		19b. MAIL ING	ADDRESS (Street		O. Shipe Route Number, City or Tow	n Ctoto 7i	in Codel	
Helen M. Chorp	enning					New Windson			76
. METHOD OF DISPOSITION		20b. PLAC		OF DISPOSITION //				City or Toy	
☐ Buriel 2 💢 Cremetion 3 ☐ ☐ Donation 5 ☐ Other (Specify)		cemetery, c	remetory or or	rematio	n. Inc.	3/4 Ham			
. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	11		22. NAME	AND ADDRESS OF FA	CILITYD.D. Hai	+ 71c	or &	Sons
* (atharine	<u> (().</u>	br/X			New Wir	ndsor, MD			
 PART I. Enter the dieeeses, ahock, or heert fell 	or complications the	at caused the course on each iii	death. Do r ne.	not anter the m	ode of dying, suc	h sa cardiac or reapi	ratory ar	rest,	Approximate interval Bets
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DEATH (ITEM 27) (Type, Print)

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32, REGISTRAN'S SIGNATURE
JULIA CHEVELOR RONALL

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Please Type or Print in Black Indelible Ink. Assure Ali Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

08046

							Cer	titicate	ΟĪ	Death			Reg. I	No.		000	10
			1. Decedent's Neme (First, Middl	e, Last)								2. Dete of E		Dev	Voor	3. Time of E	Death
	Physic		Mary Ell	en Crabti	ree							2000	1	2	1691	12:3	30
7	/Medi Examii		4a. Facility Neme (If not institution	n, give street and n	umber)					4b. City, To	wn, or Lo	cation of De	eth 4	4c. County	of Deeth		
	C	ICI	Washington Co	unty Host	pital					Hage	rsto	ωn	I.	Vashi	noton		
-			5. Sociel Security Number	6. Sex	_	(In yrs. last birti	hday)	If Under 1	reer								Foreign
	Funeral		216-22-7617	1□ M 2⊠ F	7. Ago	85 Y			eys		Min.	8. Dete of E (Month, I	Day, Yea	1910	Coun	lece (Stete or try) Virgi	nia
	Director		Usuel Residence of Decedent									100. 1	0, 1	1710	WEST	VIIGI	пта
	and *		10e. Stete 10b. County			10c. City, Town	or Loc	ation							11	0d. Inside City	v I lmits
	sho	5		ington												TX Yes	
	4 P	oct		ington		Hage	LSL						1				
	F 9 8	Director	10e. Street end Number 231 South Locu					10f. Zip Co		/ 0			10g. (Citizen of V		try?	
	23a	Ta .	231 South Loca	st Street	L				17	40				U.S.A	A .		
	ep L	Funeral	11. Maritel Stetus	12. Wes Dec	cedent Ev Forces?	er in U,S.	13. W	es Decaden Yes, specify	t of F	Ilspenic Origen, Mexican	gin? (Spe	ecify Yes or I Rican, etc.)	No-		e - Americ k, White,		
0	aft P		1 Never Merried 2 Man	if Yes G	2 StNo)		□Yes ZK						Specify		ite	
21215-0020	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show adical Examiner, must be notified at	l by	3 ☑ Widowed 4 ☐ Divorced	Year or l	Detes:		·							Specify	. WIL	100	
5-0	s within 72 ha liena. r than "natur the Madical	Completed	15. Deceden (Specify only higher	t's Education	ō	16e.	Decede	ent's Usuei C	ccup	during mos	t of work	ina	16b.	Kind of Bu	siness/Inc	Justry	
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<u>a</u>		To	John W	. Gillam							Ma	ary El	1en	Donne	elly		
Maryland			19e. Informent's Neme/Reletions	ship (Type, Print)		19b.	Meiling	Address (S	treet	end Numbe	er or Rure	al Route Num	ber, Cit	y or Town,	Stete, Zip	Code)	
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a,	무우통료		20e. Method of Disposition			20b. Piece of	Dispos	ition (Neme	of		-	Dete	_	Location -			
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Baltimore,	permit. Pege Department of Important: If any Injury or ance.		21. Signeture of Funerei Service	Licensee	7	- /	9	Neme end A			II.	innich					
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			2.5 Pml . Enter the disease, or shock, or heert feilure. List	complications that	caused the	he deeth. Do n	ot ente	r the mode o	of dyin	ng, such es	cardiec	or respiretory	errest,		I	Approximete Interval Betw	reen
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ó	axe an ar riel-t		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	<	ala	LISTY!	26	11	~	20	cre	race	2		(3/ 1-	
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Record	2 5 0	Completed													of	deeth?	
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Vital	ysician: The is certificate director, pag	Be	25. Was case referred to medica exeminer?							26. Plece	of Deet	h (Check onl	y one)				
>	5 00	7	1 Yes 2 No	Hospitel:	Unpatient	2 ☐ ER/Out	petient	3□ DOA	Ott	her: 4 🗆 Nu	irsing Ho	me 5□Re	sidenca	6 □Oth	er (Specif)	y)	
J Of			27. Menner of Deeth	28e. Dete	e of Injury	28b. T	ime of	28c	Inju	ry et		28d. Describ	e how in	njury occur	red		
Division	Attending I ir death. ector: After by the funer	atlo	1 ☐ Neturel 5 ☐ Pendir 2 ☐ Accident investi	9	min, Doy	1001)	ijury	М		Yes 2□	No						
N S	or Attendi after death Director: A I in by tha f	ific	3 Suicide 6 Could 4 Homlcide determ	ined 286, Plec	e of Injun	y - At home, far	m, stre	et, fectory, o	ffice			28f. Location	(Street	end Numb	er or Rura	l Route Numb	er,
Ö	after A Direct of in b	Certification:	4 Hornicide	Dulic	ding, etc.	(Specify)						City or 1	OWII, 31	616)			
	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the		29a. Certifier Certifyin	g Phyalcian: To th	e best of	my knowledge,	death	occurred et t	the tir	me, dete en	d pieca,	end due to th	10 COUSE	e(s) end me	nner as st	eted.	
	Fu Fu Fu	edica	(Check only 2 Medical	Examinar: On the I	basis of e	xaminetion end	Vor Inv	estigation, in	my c	opinion, dee	th occurr	ed et the tim	e, dete e	end pieca,	end due to	the ceuse(s)	
	To the within 2 To the comple	Me	29b. Signature and title of certifie					29c. L	icens	se number			29d. l	Date signe	d (Month,	Dey, Year)	
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			30. Neme and address of person	who completed bau	of dee	oth (Item 23e) (Type, F	rint) (LL)	73	WIN	G 4.	JN C	ou	VUTY	Ato	2401	T
			31 Onto Store Office Co.	- corp		> m-	V.	1	A	ad	570	wu,	- 0	ND	21	740	
	Sta		31. State filed (Month, Day, Year)	5 1996 3	Titrer	Signature	3.1	M				*				. The Field III	
	Registr	ar	ment	- 1000	Secret Se	water of City and Co.	- minds										

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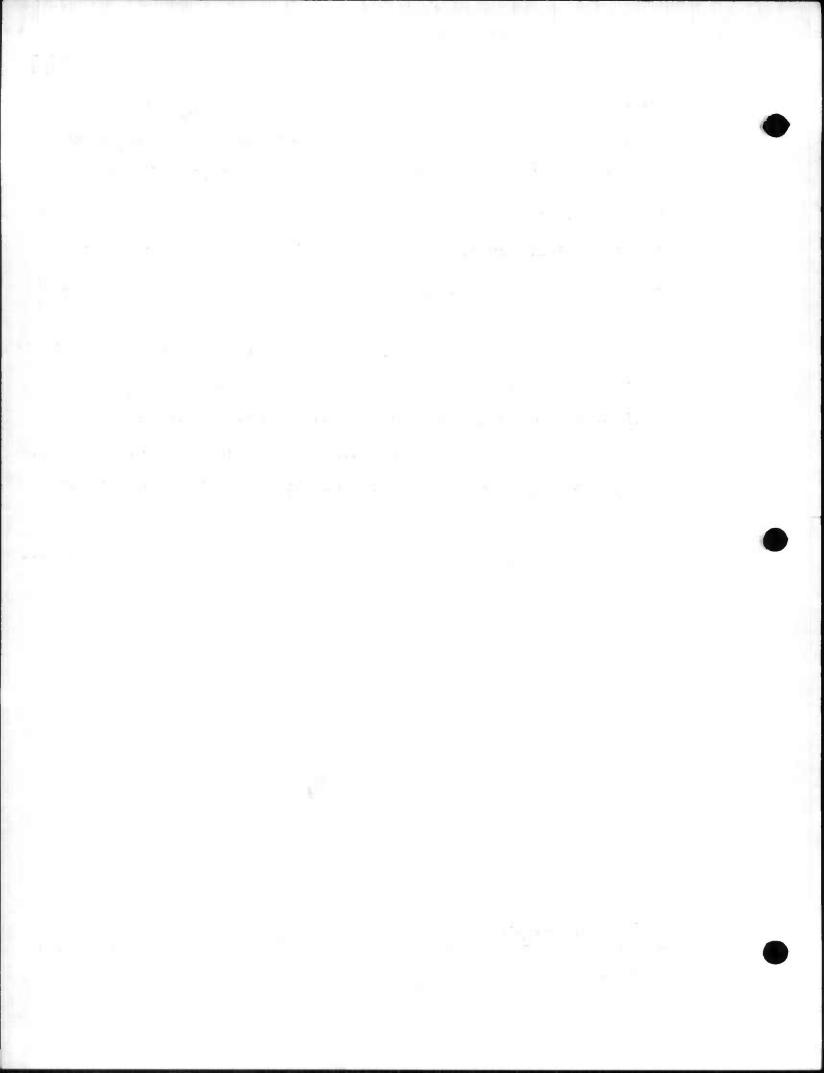
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death 21,1996 Month **Physician** MEDFORD (RUMBUE 18:30 FEBLURY /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Baltimore | Min. | 8. Dete of Birth (Month, Dey, Year) | 0 2 / 2 6 / 2 4 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys 10XM 2□ F 71 Yrs 215-20-1885 Maryland Director Usual Residence of Decedent death with the Marylend 10c, City, Town or Location nd other than "natural", or items 23a or 28a-f show event, the Mexical Examiner must be notified at 10d. Inside City Limits 1 Tes 2 No Federalsburg Director MD Caroline 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21632 United States 3328 Tanyard Branch Drive Funeral 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Wes Decedent Ever in U.S. Armed Forcee? 14. Rece - American Indien, Bleck, White, etc. pemit. Peges 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Ne any failury or other traumatic event, the Menical Examine. 1 X Yes 2 □ No If Yes, Give WWII Year or Detes: 1 Never Married 2 Married **Black** Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify à 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Poultry Inspector of Agricult. U.S. Dept. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Helen Augusta Smith Elwood Crumble 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Terri L. Batson/Daughter P.O.Box 354, Federalsburg, MD 21632 20b. Plece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other place) Wuriei 2 ☐ Cremetion 3 ☐ Removel from State Eastern Shore Vet. 2-26-96 Hurlock, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Facility Framptom-Hawkins-Eskow Funeral Home Mulail Esken P.O.Box 43, Federalsburg, MD 21632

23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Ceuse (Final diseese or condition resulting in deeth) GUOBLASTUMA /Medical 2 MOUTHS Examiner Due to (or as e consequenca of): Examiner requires that the death certificate be executed bunial-transit pue Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury) Due to (or es e consequence ot): been signed by the ettending physician should be detached for use as the buna Division of Vital Records, P.O. Box 68760. Physician/Medical thet initieted events resulting in death) Lest the Due to (or es a consequence of) 98 Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were autopsy tindings eveileble prior to 24e. Was an autopsy completion of cause of death? The law this certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred After t Certification: 1 Naturel 5 Pending Investigation Injury death. 1 Yes 2 No 2 Accident efter death Director: 6 Could not be determined 3 Suicide l in by t 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide ò To the Hospital within 24 hours or To the Funeral Completely filled 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) 29b-Blonature and Little of curtiful 29c. License number 29d. Dete signed (Month, Dev. Year) TEBRUMY 21,1996 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) BARTMONE ST. 4 REEN 21201 31. Dete filed (Month, Day, Yeer) FFR 23 96 P 32. Registrar's Signature har Day doon-handele State Registrar

DHMH 16 Rev 6/95



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL (TO THE FUNERAL D be filed within 72 ho	IMPORTANT: If it	

													96	08048
	1 - FOR STATE REGISTRAR	STATE OF N	/MARYLAND / Ce				DEA		MENT		GIEN G. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DE	ATH D	44	W	3. TIME OF DEATH
	Naomi Palmatary	Cartwrig	ht						0		23		996	4:30 P.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	-	R 24 HRS.	7. DAT	E OF BIF	TH		8. BIRTH	LACE (State or Foreign
	220-12-0699	1 □ M 2 □ _X F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	Jul	nth, Day,	1941)	905	Mary	land
	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCATI			,	, -	· ·	UNTY OF DE	
E	Caroline Nursi	ng Home					- 10	т.						
5	Caroline Nursi				L D	ento	n, M	D					aroli	ne
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION							10d. INSIDE CITY
		line		Go	1dst	oro								YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10	f. ZIP COD	E				10g. Cl	TIZEN OF W	HAT COUNTRY?
Ш	P. O. Box 95						2163	6				J	J.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO				13. WAS DECENDENT OF HISPA				cify Yes	or No—	14. RACE	- American Indian,
ВУ Б	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		40	1 YES 2 X NO Specify Cuban, Mexi					n, Mexicen, Puerlo Rican, atc.) Specify:				White, etc.
	3 Widowed 4 Divorced	<u> </u>									White			
囯	t5. DECEDENT'S EDU (Specify only highest grade		/G	ECEDENT'S USUAL OCCUPATION live kind of work done during most of b. Do NOT use retired.)				ing	16	5b. KIND	OF BU	SINESS/IN	IDUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 d		OT use retired.)										
COMPLETED	10		homemaker n/a 16. MOTHER'S NAME (First, Middle, Meiden Surner											
8	17. FATHER'S NAME (First, Middle, Last)													
BE	William Palmatar	У									_		lmatar	У
ဥ	198. INFOHMANT'S NAME (Typer/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
.	Virginia C. Barn	es						cle		-				808
	20a. METHOD OF DISPOSITION 1 [XBurlal 2 Cremellon 3 Removal from State 4 Donellon 5 Other (Specify) Other (Specify) Donellon 5 Other (Specify) Other (Specif													
	4 Donesion 5 Other (Specify) Greensboro, Maryland 21. Signature of Funeral Service Licensee 22. Name and address of Facility													
	Fleegle-Helfenbein Funeral Home													
	P.O. Box 160 Greensboro, Maryland 21639													
	23. PART I. Enter the diseasea, or	complications the	t caused tha de	ath. Do r	not anta	r tha mo	oda of dy	Ing, auch	1 68 C8	rdiac o	respi	ratory a	rrest,	Approximata
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final													
	disease or condition	a. ACUT	Le M.	000	10	10	T.,	C	-+	-A7				11/1
	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE O	F):	1001		I CX /	a	16-2	1			12 400
z		AS	CUS											
은	Sequentially list conditions, If any, leading to immediate		(OR AS A CONSEC	DUENCE O	F):									1
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	с												
E	that initiated eventa	DUE TO	(OR AS A CONSEC	DUENCE O	F):									
CERTIFICATION	resulting in death) LAST	d												
- 1	PART II. Other algorificant condition	a contributing to	death but not r	aaulting	n the u	nderlyln	G C91180	aluna la l	Davit I	T		ALCTORON	T au	
₹ I	E Oct	78 <	-auth but hot h	additing	iii tila u	indertyin	y causa	Aran In	rait i.		ERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
<u> </u>	mastrige	712.3							_	1 🗆	YES 2	KNO		COMPLETION OF CAUSE OF DEATH?
Σ														1 YES 2 NO
Ž	DID TOBACCO USE CONT	RIBUTE TO CA					-	CERTAIN	1 🗆					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	Check									
YS	1 TYES 2 NO	t 🗆 Inpatient 2 🗆		□ DOA			ne 5 🗆 Re	esidence	6 🗆 Ott	er (Spec	ify)			
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Di	INJURY sy, Year)	28b. TIM INJ	E OF URY	WC	JURY AT ORK?	_	26d. DI	ESCRIBE	HOW I	NJURY O	CCURED	
BY	2 Accident Investigation				М		YES 2	NO						
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE Of building,	F INJURY — At hos atc. (Specify)	me, ferm, i	itreet, fec	ctory, offic	in I		26t. LO	CATION y or Town	(Street a	nd Numbe	er or Rural Ro	ute Number,
COMPLETED														
P	29a. CERTIFIER CERTIFYING PHYSI													
0€	one) 2 MEDICAL EXAMINE													and manner as stated.
	296. SCHALURE AND TITLE OF CERTIFIES	5					29c. LICI	ENSE NUM	BER			29d. DA	TE SIGNED (Month, Day, Year)
) BE	HOST	/					D	332	90	-/		•	121	191
O NAME AND ADDRESS OF DEPON WHO COMPLETED CAUGE OF DEATH WITH AT THE PARTY OF THE P														

30. NAME A

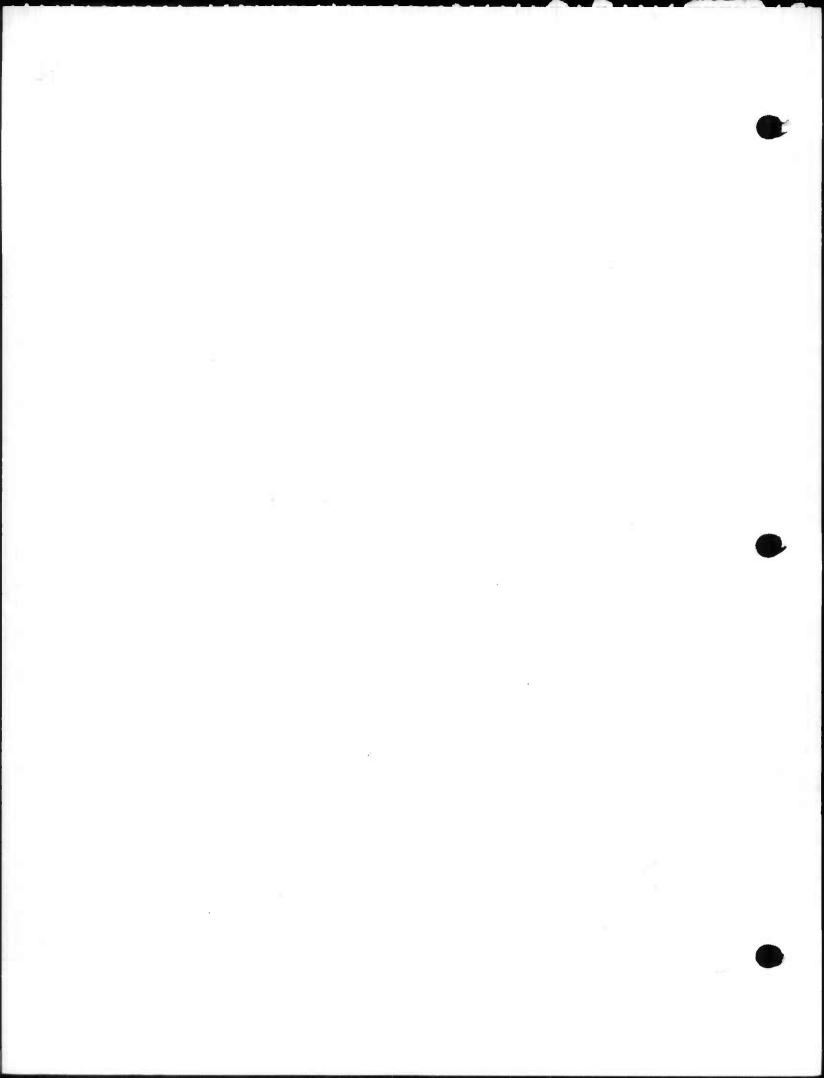
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NU	MUDUESS	OF	PERSON	WHO	COMPLETED	CAUSE	Or.	DEATH	(IIIEM	27)	(rype,	M
1	.(4	120	a	2		4.4		-	~

29'98

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daath 3. Time of Death **Physician** Month Mary Catherine Christenson 1996 March 2 2:25PM /Medical 4a. Fecility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Chesapeake Manor Health Care & Rehab Ctr Arnold
Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Anne Arundel 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Deta of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2♥F Months Days Hours Yrs. Director 215-76-3911 Usual Rasidance of Decedant April 20 1911 84 Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 Yas WNo Director Anne Arundel Arno1d 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò Items 23a 21012 United States death Funeral 99 Church Road 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 전 No If Yas, Giva Year or Detas: Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuben, Mexican, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. 11. Meritel Stetus 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☐ No Specify: þ Specify. 3. Widowed 4 □ Divorced White Completed Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) Homemaker Home Pages 1 and 2 should be filed vonent of Heelth and Mentel Hygia int I frem 27 Is marked other t 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Maldan Surname) Be Philip Eugene itchell Katherine Brown Mitchell 19a. intormant's Name/Relationship (Type, Print) 19b. Melling Addraas (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Arnold, Maryland 21012 99 Church Road Shirley L. Peacock 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Important: If It any injury or o XBurial 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☐ Donation 5 ☐ Othar (Specify) Hillcrest Memorial Gardens 3/5/96 Annapolis, Maryland 21. Signature of Funeral Service Latinsee 22. Name and Address of Fecilityohn M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Part I. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only oper cause on sech line. Approximete Interval Between Onset and Death **Physician** electrolyte disturbance

Dua to (or as a consequence of):

Uncontrolled diobetes /Medical Immedleta Causa (Final diseasa or condition resulting in daath) Examiner To the Hospital or Attanding Physician: The law requires that the deeth certificate be executed within 42 hours alter death.

To the Funeral Director: After this certificata has been signed by the attanding physicien and completaly filled in by the Innertal director, page 2 should be detected for use as the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Diseasa or Injury that initiated avants rasulting In death) Last Physician/Medicai Due to (or es a consequence of): Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy tindings eveliable prior to Be Completed 24a. Wes an autopsy completion of cause of deeth? 1 Yas 2K No 1 ☐ Yas 2 ☐ No 25. Was case rafarred to medical 26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1 Yas 2 No 1 Inpatient 2 ER/Outpatlent 3 DOA Certification: 27. Mannar of Death 28e. Data of Injury (Month, Dey Year) 28b. Tima ot 28c. Injury at Work? 28d. Describe how Injury occurred Natural 2 Accidant 5 Pending 1 ☐ Yas 2 ☐ No Investigation 3 Suicida 6 Could not be datarmined Location (Street end Number or Rural Routa Number, City or Town, Steta) 28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mennar stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) homes u. walso, m O

State Registrar 30. Nama and addrass of person who com 31. Data tiled (Month, Dey, Year) MAR 0 5 1996

of deeth (Non 23a) (Type, Print) Parm ROAD ARNOLD MD 21012 9 32. Registrar's Signatura Juna Davidson-Randalle

DHMH 16 Ray 6/95

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.

at a state of the

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 08050

				Certi	ificate of	Death	Re	g. No.		
St ! - !		1. Decedent's Neme (First, Middle, La	st)	-			2. Dete of Deet Month		3. Ti	me of Death
Physici /Medi		HELEN TAYLOR CHA	MBERS				MARCH 4			50
Examir		4e. Fecility Neme (If not institution, give	e street end number)			4b. City, Town, or I		4c. County		
		CALVERT MEMORIAL	HOSPITAL			PRINCE FF		CALVE	ERT	
Funeral		Sociei Security Number 6. S	Sex 7. Age (In yrs.	1	If Under 1 Yea Months Dev	r If Under 24 Hrs.	8. Dete of Birth (Month, Dey,	Year)	9. Birthplaca (S Country)	itete or Fore
Director		220-01-5079	84	Yrs.			July 22	, 191	l Maryl	and
ž		Usuel Residence of Decedent 10e. Stete 10b. County	10c. Cit	ty. Town or Loca	tion	,			10d Inc	ide City Lim
a or 28a-f show Lbe notified at	0	M I Day	. D		0					Yes 2
288	Directo	Maryland Prince 10e. Street and Number	rrederick		0 wing	3 5	11	Og. Citizen of V	What Country?	
2 2		1	D .		•	7.26		- 4.55	-	
2 2	Funeral	2060 Clearview	12. Wes Decedent Ever in U	.S. 13. Wa		736 Hispenic Origin? (Si	pecify Yes or No-		S . A . a - American Indi	en.
5 5		1 Never Merried 2 Married	Armed Forces? 1 Yes 2 No If Yes, Give	1		Hispenic Origin? (S ban, Mexican, Puert	Rican, etc.)	Blec	k, White, etc.	
	b	3√ Widowed 4 □ Divorced	If Yes, Give 11 Yeer or Detes:	1	Yes 2☐XN	Specify:		Specify	White	
*natural", or items 23a ledical Examiner must 3	Completed	15. Decedent's Ed (Specify only highest gra	ducation	16a. Deceder	nt's Usuel Occu	upation	kina	16b. Kind of Bu	siness/Industry	
than the Mer	d	Elementery/Secondery (0-12)	College (1-4or 5+)	life. DC	NOT use retir	e during most of worked)	All y			
- 84	S	12+		Hom	emaker			Hor		
d off	Be	17. Father's Name (First, Middle, Last,					ne (First, Middle, M		θ)	
7 is merked othe traumatic event,	2	Howard M. Taylo				Sus		ehart		
T S T		19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling	Address (Stree	et end Number or Ru	ral Route Number,	City or Town,	State, Zip Code)	
them 27 other tr		Mr. Robert Cha 20s. Method of Disposition		9 7 Place of Disposit		eid Cour			-	210
5 = 5		1 ☐ Burial 2 ☑ Cremation 3 ☐	Removal from State	nace or Dispositi demetery, cremai	tory or other pi	7/			City or Town, Str	
in the		4 □ Donation *5 □ Other (Specif	M M	etro C	remate	ory 3-5	-1996	Balti	imore,	Mai
important: If any injury or once.		21. Signature of Fuheral Service Licer	900	22. A	lame and Add	ress of Facility	Funera	1 Home		
22 6 0	1	James &	XI DILKON	07 49	5 Rite	chie Hwy	. Sever	na Par	rk, MD	2114
	(234 Part1 Erber the disease, or com shock, or heart failure. List only	pications that caused the deat doe cause on each line.	n. So not enter	the mode of dy	ring, such as cardiac	or respiratory arre	est,	Appro	ximate al Between
sician	\vee		V	4					Onset	and Death
ledica' aminei		Immediate Cause (Final disease of condition reculting in death)	. I neun	rome	X.				13	uss
	L	readuring in dealing	Due to (o	or as a conseque	nce of):					
7	ě		o Hop fr	actu	re					
physician and s the burtal-transit	Examin	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Dulyto (o	r as a conseque	nce of):					
burt		Cause (Disease or Injury that initiated events	0.							
44	edical	resulting in death) Last	Due to (or	r as a conseque	nce of):					
affending pi	3		d						_	
d for	Physician/	Part II. Other eignificant conditions o	notebodies to death but and more	office for the control	antida e e e e e e	house to Place I	1 see plate		ntribute to the ce	Community about
been signed by the should be detached	hys	Fan is Sinkle argenitions continuous o	orthoding to death but not real	nieng in ine unos	anying cause g	Net at Part I.		_	3 Probably	
ped e	by P						11,11	1 2 CP 180	a C. Fricontry	40000
d bin	Pe						24a. Was ar		24b. Were auto	opsy findin
	Completed						perform	ned?	available; completio of death?	n of cause
ate has page 2	mo						1 🗆 Va	s 20Ho	1 □ Yes	9∏ No
certificate has rector, page 2	Bec	25. Was case referred to medical				26 Place of Dea	th (Check only one	200-12000	10 100	E LLI 1993
direct direct	To B	examiner?	Hospital: 1 12 Inpatient 2	ER/Outpatient	3CI DOA O		ome 5 Reside		ar (Specify)	
9 9		27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Time of	28c. Inji		28d. Describe ho			
ector: Aller by the fune	atio	1 ⊠Natural 5 Pending 2 □ Accident investigation		Injury		Yes 2 No				
Director: After this 3 in by the funeral of	tille	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At he building, etc. (Specify	ome, farm, street	t, factory, office	i.	28f. Location (Str. City or Town		er or Rural Route	Number,
ed in	Certification:	/	oundry, etc. (cpecin)	"			Sug in com	- Districtly		
Funeral Dir etely filled in	edical	29s. Certifier 1 Certifying Ph	yelclan: To the best of my knowliner: On the basis of examinat	wiedge, death or	ocurred at the t	ime, date and place,	and due to the ca	use(s) and ma	nner as stated.	unafe)
To the Funeral Completely filled		one)	and manner stated.	man end/or my65	1900 0					
To the	2	29b. Signature and title of certifier	01	0		ise number		Ad. Date signed	i (Month, Day, Ye	MIT)
		Milliam	Lund	lan	1	3362	3	3/4	196	
		30. Neme end eddress of person who	completed cause of deeth (Item	n 23a) (Type, Pri	nt)	ach Ref				
		WILLIAM UM	HAU 19 Che	esapea	Ge Bo	ach Rof	OWING	5. mD		
Sta		31. Dete filed (Month, Dey, Year)	32. Registrer's Signe	oture						
Registr	ar	MAR 0 6 199	6 Islia David	Mande	22.					

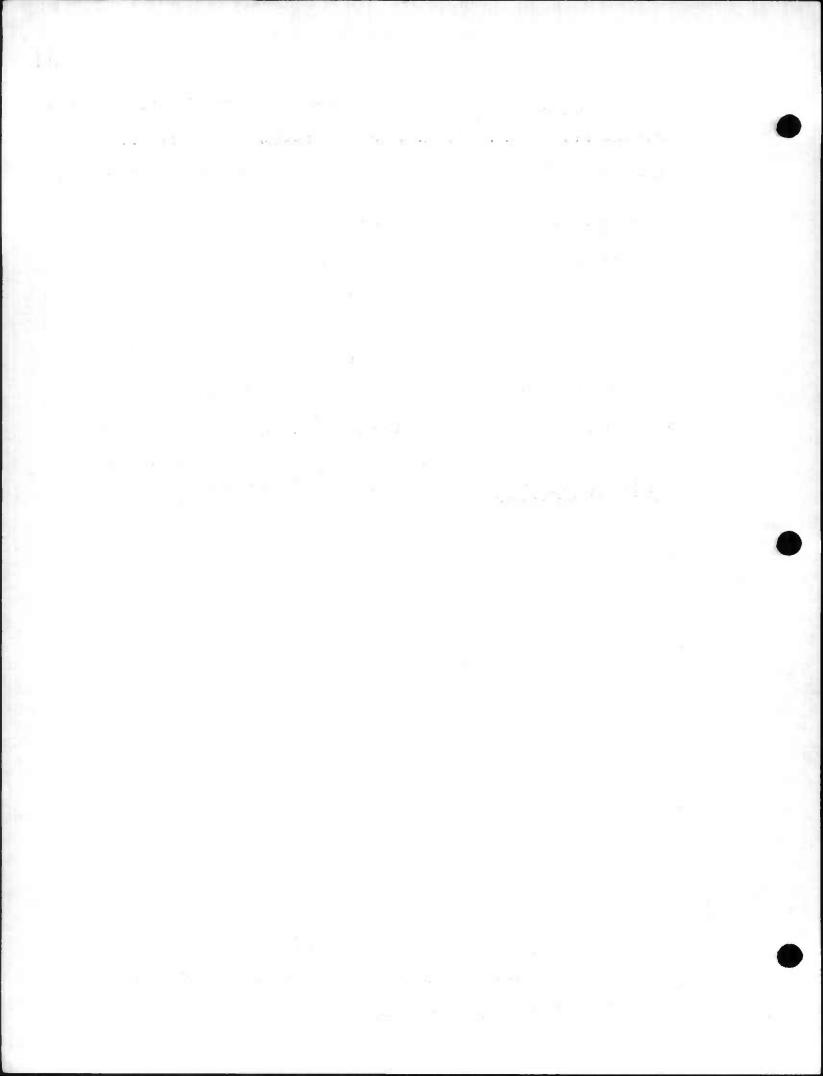
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State of Maryland / Department of Health and Mental Hygiene

08051

							Cei	tificate	of L	Death		R	eg. No.	0	0000) [
			1. Decedant's Nama (First,	Middla, Las	it)							2. Data of Deat	h		3. Time of Ca	th
	Physici /Medi			Loui	s Harr	V		Co	ost	ton		March	1 Day 19	9 ^{Year}	1:45	m
Ĭ.	Examir		4a. Facility Nama (If not Ins		street and number)				4	b. City, To	wn, or Lo	cation of Death	4c. County	of Death		
			The Memo	rial	Hospita	l at I	East	ton		Eas	ston		Tall	oot		
Į.	Funeral Director		5. Social Sacurity Number 213-26-9836 Usual Rasidance of Deceder		ax 7. Ag XIM 2□ F	a (In yrs. last b	irthday) Yrs.	If Under 1 Y Months D	aar ays	If Undar: Hours	Min.	8. Data of Birth (Month, Day, Jan. 10	Year) 1932	9. Birthi Cour Bal	placa (Stata or F ntry) timore,	oreign MD
	pun m		10a State 10b. C			10c. City, Tov	vn or Lo	cation							10d. Insida City I	Limits
	the Maryland 28a-1 show soliffed at	ò	MD Bal	timor		D	01+4	more							1 X Yas 2	
	25 th	Director	10e. Street and Number	CIMOL		D.	allı	10f. Zlp Co	da			1	0g. Citizen ot \	What Cou	ntry?	
	23e or sust be		1 Conway Str	eet					21	L218_			-	SA	,	
	herra Ner. II	Funeral	11. Marital Status		12. Was Decedant Armed Forcas?	The line of	13. \	Was Dacedant f Yas, specify	of Hi Cuba	spanic Origin, Maxican	gin? (Spe , Puarto f	cify Yas or No- Rican, atc.)		e - Amarick, Whita,	can Indian, , atc.	
Maryland 21215-0020	be filed within 72 hours after death with the Maryla hat Hygleen. d other than "natural", or items 23s or 28s-1 show event, the Medical Exeminer must be notified at	by	1 ☐ Nevar Married 2 ☐ 3 ☑ Widowed 4 ☐ Div		1 📉 Yas 2 🔲 I If Yas, Giva Yaar or Datas:	No		1□Yas 2⊠	No	Specify:			Specify	Blac	ck	
Z,	72 h	Be Completed	15. De	edent's Ed	ucation da complatad)	168	. Deced	tant's Usual O	ccupa	ation	of workin	20	dustry			
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Ĕ	d off H	Be B	17. Fathar's Name (First, M		-1					18. Motha		(First, Middle, I		ia)		
ž	2 should be and Mental is marked of aumatic ev	To		ry Co			Jeanette Logan									
a N			19e. Intorment's Name/Rel		ype, Print)							or Rural Routa Number, City or Town, Stata, Zip Code)				
_	Houlth Hom 27 other tr		Barbara 11o	yd		001 01	1931	Aisqu:	ith	Stre	et,	Baltimo	re, MD	2121	.8	
Ö	D = E B		20a. Mathod of Disposition 1 □ Burial 2 🎗 Crami	ation 3 🗆	Ramoval trom Stata	cemate	ary, cran	natory or othai	plac	e)	-	Data	20c. Location -	City or To	own, Stata	
Ħ	nit. Pa artmen ortant: injury 8.		4 □ Donation 5 □ Oth			Cap	itol	Crema	tor	·y	3/		Dover,	DE 1	.9904	
saltimore,	Sermit. Pa Separtment mportant: any injury atice.		21. Signature of Funaral Sarvice Licensaa 22. Name and Address of Facility Bennie Smith Funeral Home													
**	00740		A June 1 Full Elai Full El													
	2 TI -		23a. Parti. Enter the disea	sa, or comp	olications that causac	tha daath. Do	not anti	ar tha moda ot	dyin	g, such as	cardiac o	r respiratory arm	est,		Approximata Interval Batwee	en
1	Physician			,											Onset and Des	ath
4	/Medical Examiner		Immediata Cause (Finel disease or condition resulting in death)												MONTHS	
	Examine		resulting in deeth) Due to (or es e consequence of):													
	p #	Examiner		_	6 Only	morio	2							1	2 WEEKS	5
	icate be axecuted physician and s the buriel-transit	Хап	Sequentially list conditions,			Due to (or as a	conseq	uance ot):								
Ď,	cian cian buria		Sequentially list conditions, if any, leading to immadiate causa. Entar Undarlying Cause (Diseasa or Injury	7	C											
P8/60	cate physic	Medical	that initiated events rasulting in death) Last			Due to (or es a	conseq	uance ot):								
	ding			L	d											
ROX	eth o	lan														
j	es that the deeth certific igned by the attending p be deteched for use es	Physician/	Part II. Other significant co	nditions co	ntributing to death b	ut not resulting	in tha ur	ndarlying caus	a giva	in In Part 1.		23b. Did to	bacco use co	ntribute t	o the cause of d	death?
7	hat the defect											1 🗆 Y	2)N No	3 Pro	bably 4 Un	known
Ś	signe d be	i by												045 141	form outpoon Africa	
or vital Records,	The law requires that the deeth certificate be assected that been signed by the attending physician and page 2 should be deteched for use as the bunal-transit	Completed										24e. Wes a perform		av	fera autopsy tind vallabla prior to empletion of caus	
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	ysiclan: The securificate director, peg	Be	25. Wes casa raferred to m axaminar?	-	Hospitel:				Out-	-	of Death	(Check only on	a)			
ō	Physic ral dir	2	1 Yas 2 No	-	25L Inpatia			t 3□ DOA	Othe	4U NU		na 5 🗆 Raside			<i>y</i>)	
	ding h. After funer	lo lo	27. Manner ot Death 1 Netural 5 P	anding	28a. Data of Inju (Month, Da)		Tima ot Injury		Mork			28d. Describe ho	w injury occur	ed		
<u>S</u>	Attending Physician: or death. ector: After this certific by the funeral director.	cat		vastigation ould not be	00- 01					/as 2□h		194 Lanation (Or			-1 Dayle Months	
	大五十 こ	Certification:	4 ☐ Homicida d	etarmined	28a. Place of Injudence of Inju	ory - At noma, to c. (Specify)	arm, stre	eat, tactory, on	TICO		2	City or Town		er or Hun	al Routa Number	T _e
_	pital praf filled		29e. Cartifiar 150 Ce	diffusion of Disc.	ololom. To the book							-11-11				
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edical		dical Exam	raician: To the bast of inar: On the basis of and manner ste	axamination ar	e, deeth nd/or inv	astigation, in r	ny op	e, dete end inlon, daat	h occurre	ed at the time, de	ete end place,	end dua t	o tha cause(s)	
	vithin To th	X									2	9d. Date signe	d (Month,	Day, Year)		
			Valley 1601 D 47627 3								2.1-96					
		1	30. Nema and addrass of pe	rean who a	omplated cause of d	aath (Itam 22-)	(Time !	Deint\	0.00	27694		1.5	50A #055.5			
			Kathleen Ho	ey MD.	207 N.	Liberty	St	reet, (Cen	trevi	lle,	Maryla	nd 2161	.7		
	Sta	e	31. Data filad (Month, Qay,	Year)												
	Registra	ar	31. Data filad (Month, Day	R 08	1996 Jul	na dikuslu	ar Ra	roball								

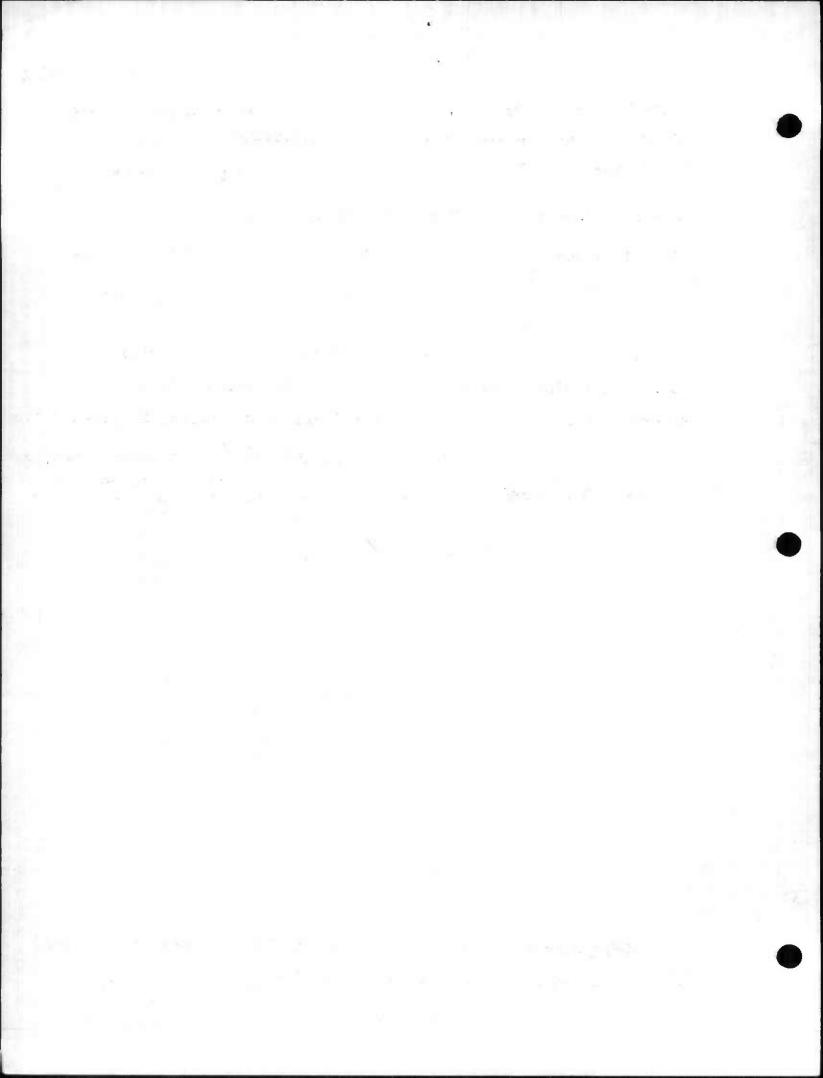
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State of Maryland / Department of Health and Mental Hygiene

						rtificate of			Reg. No.	96 08052	
	Dhusial		1. Decedent'e Neme (First, Middle, Last)					2. Dete of De Month	eth	3. Time of Death	
	Physici Medie/		Shirley Garner Du	ff				March		245 A	
)	Examir		4a. Fecility Name (If not institution, give street end				4b. City, Town, or L			f Deeth	
			Calvert County Nur	sing Hom	le		Prince Fred			rt	
	Funeral Director		5. Sociel Security Number 6. Sex 1□ M 2 1	7. Age (In yrs. less	t birthdey) Yrs.	If Under 1 Year Months Deys		8. Dete of Bird (Month, Da May	Ya Year 1935	9. Birthpiece (State or Foreign Country) Maryland	
	Pu *		Usuel Rasidenca of Decedent 10e. Stete 10b. County	10c. City, T	Tourn as La	enting					
	Sa-f sho	Director	Maryland Calvert			Freder:	ick			10d. Inside City Limits 1 ☐ Yes 2 H No	
	th with th		10e. Street and Number 5425 Sixes Road			10f. Zip Code 20678	3		10g. Citizen of Wi United	het Country? States	
Maryland 21215-0020	within 72 hours after death with the Manyland ene. than "natural", or items 23s or 28s-f show he Medical Examiner must be notified at	by Funeral	Armed 1 Never Merried 2000 Narried 1 Yes,	ecedent Ever in U,S. Forces? s 2(X)No Give Detes:		Wes Decedent of I f Yes, specify Cub 1 ☐ Yes 2 ☑ No	Hispenic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		- American Indian, , White, etc. white	
2-0	s within 72 ho plene. T then "netur the Mes cal	Completed	15. Decedent's Education (Specify only highest grade complete	d) 1	16a. Deced	sent's Usuel Occup	pation during most of world)	kina	16b. Kind of Bus	Iness/Industry	
2	within ene. then "	nple	Elementery/Secondery (0-12) College) (1-40f 5+)				111.9	6.7		
7	il Hygiene. other ther	Co	12		seli	emplo			flor		
n d	2 2 2 2	Be	17. Father's Neme (First, Middle, Last)	TT 1					Maiden Surname		
3	should be nd Mental marked c	To	George Olaf Albert						Milling		
	alth a		19e. Informant's Name/Reletionship (Type, Print) Robert C. Duff	9 9	P.O.	Box 2		Freder	rick, Ma	Nete, Zip Code) aryland 2067	
Baltimore,			20a. Mathod of Disposition 1⊠ Buriel 2 □ Cremation 3 □ Removel fro 4 □ Donetion 5 □ Other (Specify)	m Stete Wate	e of Disponence	sttion (Neme of netory or other ple lemoria	March 1 Cemete	1 1996 ry	St Le	City or Town, State Onard Maryla	
Balt	pemit. Pages Department of Important: If it any Injury or once.		21. Signeture of Funeral Service Licensee	7		Neme end Address	L.			l Home PA Repblic MD	
			23a. Pert1. Entar the diseese, or complications the shock, or heert fellure. List only one ceuse or	t caused the deeth.	Do not ent	er the mode of dyl	ng, such es cardiac	or respiretory a	rrest,	Approximete Intervel Batween	
	Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death)	brand Due to (or es	t	tum	0	= -		Onset end Deeth	
Box 68760,	eath certificata be executed attending physician and ifor use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseasa or injury that initieted events resulting in deeth) Lest	Due to (or es				,			
P.O. B	the death ce y the attendir ached for use	Physician/M	Pert II. Other eignificant conditions contributing to	daath but not resultir	ng In tha u	nderlying cause gi	ven in Pert I.	23b. Did	lobacco uee cont	ribute to the cause of death?	
	ed by detac							10	Yee 2□ No	3 Probably 45 Unknown	
or Vital Records,	e law requires that the death cer has been signed by the attendir ge 2 should be detached for use	Completed by						24e. Wes perfo	en autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?	
I	0 - 0	O						10	res 20 No	1 ☐ Yes 2 ☐ No	
<u>e</u>	cartificata rector, pag	Be	25. Wes case referred to medical				26. Placa of Dea	th (Check only o	ona)		
_	Physician: this cartific ral director,	To	exeminer?	☐ Inpatient 2☐ER	VOutpatien	t 3 DOA Ot	her: 4 Nursing H	ome 5 Resid	dence 6 Other	(Specify)	
0 00	ding Ph h. After th funeral		27. Manner of Deeth 1 Staturel 5 Pending (M. 2) Accident 28e. De (M. 2)	te of Injury onth, Day Year)	3b. Time of Injury	Wo	ry at		now Injury occurre		
Division	or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be detarmined 28e. Pie	ca of Injury - At home Iding, etc. (Specify)	e, ferm, str			28f. Location (City or Tox		r or Rural Route Number,	
	To the Hospital or Attending Physician: Whith 24 hours site death. To the Funeral Director After this carific completely filled in by the funeral director.	edical C	29e. Cartifiar (Check only one) 1 Certifying Physician: To t 2 Medicat Examiner: On the end me	he best of my knowle basis of examination enner steted.	dge, deeth and/or inv	occurred et the tivestigetion, in my	ma, data end piece opinion, daath occur	, end dua to the rred at tha tima,	cause(s) end men deta end place, ar	ner as steted. nd dua to the cause(s)	
	To the To the comp	Me	29b. Signeture end title of certifier	MD		29c. Licens	6 2 4 6	2	29d. Dete signed	(Month, Day, Year) (Month, Day, Year) (A 12, 1996 Car 105	
			30. Nema and eddress of person who complated as M·ASHRAF MEELU	usa of deeth (Item 23	3a) (Type,	Print) S X.	Particle	i Bri	2 206	102	
	Sta Registr		31. Dete filed (Month, Dey, Year) 32 MAR 1 2 1996	Begistrer's Signeture	Rard	ell.					



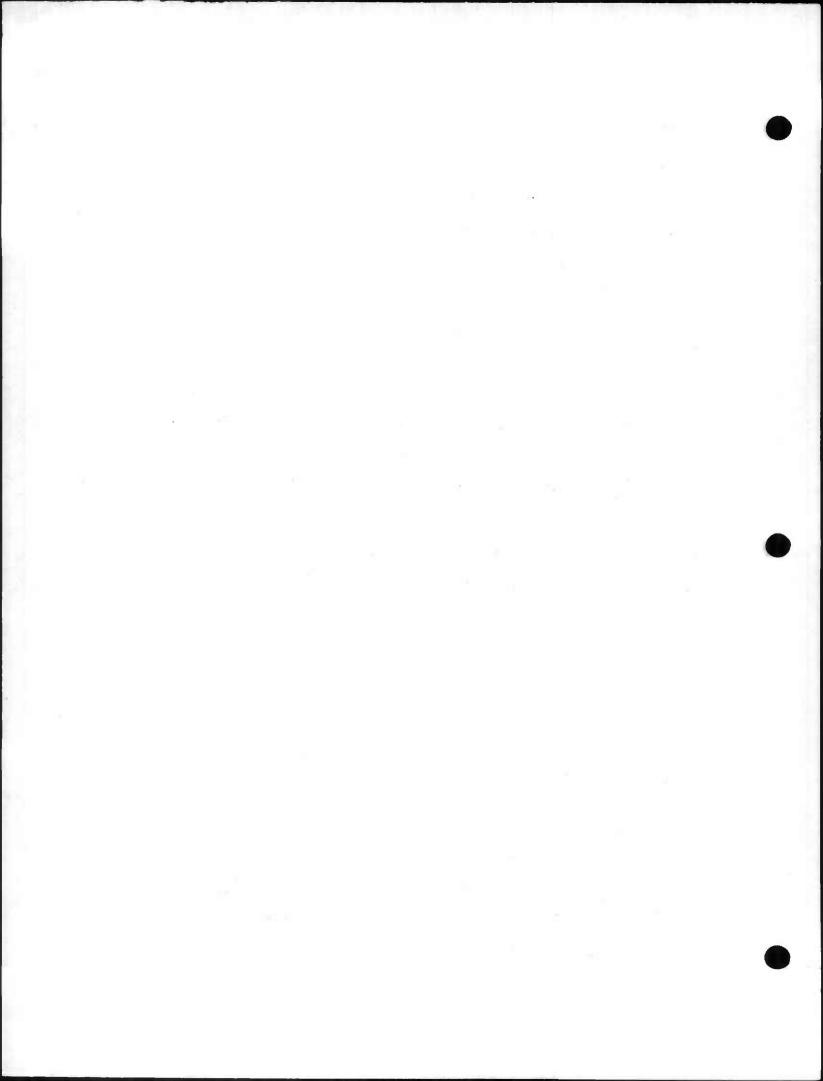
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I		IENE . NO.	
į,	1. DECEDENT'S NAME (First, Middle, Last)				_	2. DATE OF DEA	TH DAY	3. TIME OF DEATH
ľ	Kim Ann	e_	Durye	а		March 6		6:10 p. M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day, Ye	H 8	BIRTHPLACE (State or Foreign Country)
į	217 77 7037	□ M 2 🖾 F 39	YRS.	MONTHS DAYS	HOURS MIN.	June 18	, 1956 C	alifornia
_	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATN	9c. COUNT	Y OF DEATN
DIRECTOR	#2305 Cedar Lane Appression of December 1	partments		Leona	ırdtown		St	. Mary's
C L	10a. STATE 10b. COUNTY		toc. CIT	Y, TOWN OR LOC	ATION			tod. INSIDE CITY
HIGH	Maryland St. 1	Mary's		Leonar	dtown			LIMITS? t K YES 2 □ NO
	10e. STREET AND NUMBER				IOI. ZIP CODE		tog. CITIZE	EN OF WHAT COUNTRY?
BY FUNERAL	#2305 Cedar Lane A	pt.			20650		J	J.S.A.
5		. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS D	ECENDENT OF HISPAN	NIC ORIGIN? (Spec	Ify Yea or No — t	4. RACE — American Indian, Black, White, etc.
-	1 Naver Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			specify Cuban, Maxica ES 2 X NO Specifi		(C.)	Specify
		400				I construction	1	White
Ш	15. DECEDENT'S EDUCATION (Specify only highest grade com-	pleted)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during	FION most of working	16b. KIND C	OF BUSINESS/INDU	STRY
וב		ollege (t-4 or 5+) years			Technici	an IIn	iversity	7
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	years	Grapii	ic alts	7	ME (First, Middle, N	7	
	LeRoy Walte	r Dury	<i>lea</i>		Nancy	Caralla dalka	zabeth	Linger
O BE	19s. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	t and Number or Rural			
2	Nancy E. Linger		P.O.	Box 39	, Valley	Lee, Mar	yland 20)692
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 1 Cremation 3 ☐ Ramoval	trom State	. PLACE AND DATE	OFDISPOSITION	Name of	DATE 2	Oc. LOCATION — CI	Ity or Town, Stata
	4 Donation 5 Other (Specify)	Met	ropolitan	Cremator	y = 3/7/1	996 A	Alexandria	, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENS	1 /		Matt	AND ADDRESS OF FA	Funoral	Home, P.A.	
	Michael X	Darde	ner		_		aryland 20650	
	23. PART I./Enter tha diseases, or com	plications that caused	d the death. Do			at, Approximata		
	shock, or heart failure. List	only one cause on e	scn line.	5	1	2		Onset and Death
	disease or condition resulting in death)	Total)	mina	WI	chros	261)	141,
		DHE TO JOH AS A	COMSEQUENCE O	10	a ^ -	-0		Qual.
Z	Sequentisity list conditions,	20	KEZ	pa	evin	00		WY
RTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE O	T.				
	CAUSE (Disesse or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				- 1/
	resulting in desth) LAST							ľ
3	2127 11 01 - 1 11							
AL	PART II. Other significant conditions of	ontributing to deeth b	out not resulting	in the underly	ing cause given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 🗆 1	rES 2 NO	OF DEATH?
	DID TODA CCO LICE CONTINU	LITE TO CALLEE O	E DEATH W		AT III IOEDTII)	1 VES 2 NO
Ä	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UTE TO CAUSE C	28. PLACE OF DEA		UNCERTAI	иПГ		1V.77
SICIAN:	EXAMINER?	OSPITAL:		OTHER:	11	IL m Inch a Te		
PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	4 Nursing N	NJURY AT	6 Other (Special 28d, DESCRIBE	NOW INJURY OCCU	JAED
	t Natural 5 Pending Investigation	(Month, Day, Year)	IN.	JURY	WORK? YES 2 NO			
0 8	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, term,	street, factory, of	fica			or Rural Route Number,
	4 Nomicide datarmined	building, atc. (Spec	City)			City or Town,	State)	
COMPLE	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAL	N: To the best of my know	riedge, daeth occum	ed at the time, d	ata and place, and due	to the cause(s) as	nd manner as state	d.
M	cool A	- /						cause(s) and menner as stated.
ŭ	29b. SIGNATURE AND TITLE OF CERTIFIER	1- 1/	- /		29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)
n		tanto	EM	1)	170	6419	13	-7-9/2
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	o, Print)		~ 11/		
ļ	Dr. J. Patrick/				Leonardt	own, Mar	yland 20	0650
	31. DATE FILED (Month, Day, Year)	Julia d'autile						
į	MAR 11/1996	gave a worker						



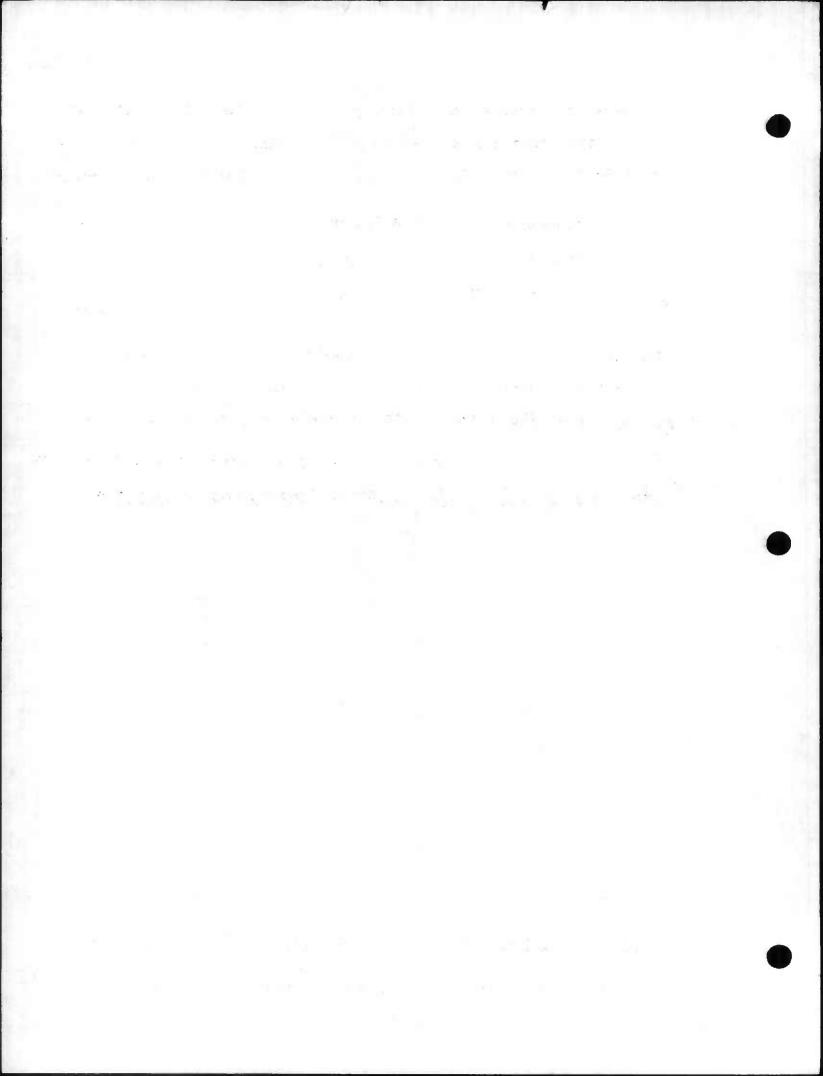
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State of Maryland / Department of Health and Mental Hygiene Q &

08054

						Cert	ificate of	Death		Reg. No.	0 (000	J 4	
	Dhuaic		Decedant's Name (First, Middla,	Last)					2. Data of D Month	leath Day	Yaar	3. Tima o	of Death	
Į,	Physic /Medi		Amelia	Evangeli	ne	Dors	sey		Mar.			2110	p	
)	Examir		4a. Facility Nama (If not Institution,					4b. City, Town, or	r Location of Dea	th 4c. County	of Death			
	N.P. T.J		Montgomery		- An			Oln			NTGON	IERY		
	Funeral Director		212-74-3641	5. Sax 1 □ M 2½ F 7. Aga (In yrs. last bii		If Undar 1 Yaar Months Days			irth 9a <i>y, Year)</i> 4, 1906	9. Birthpla Country Mar	ca (Stata d y) ylan	or Foreign	
	and *-		Usual Rasidance of Dacedant 10a, Stata 10b, County	1	Oc. City, Tow	m or Loca	ation				104	d. Insida C	lity Limite	
	/ sho	ō	Ma N				thersb				100		2 □ No	
	the 1	Director	Md Montg	omery		Gai	10f. Zip Coda	urg		10g. Citizan of	What Countr	_X		
	with so		20533 Zion	הא						U.S.		y :		
	eath 23	era	11. Marital Status	12. Was Dacedant Ev	ar in U.S.	13. W	208		Specify Yas or N		e - Amaricar	n Indian		
Maryland 21215-0020	72 hours after death with the Meryland "natural", or flems 23a or 28a-f show adical Examiner must be notified at	by Funeral	1 □ Navar Married 2 □ Marrie	Armed Forcas?			Yas, specify Cub □ Yas 2 🙀 No	Hispanic Origin? (ean, Maxican, Pua Specify:	rto Rican, atc.)	Bia Specif	ck, Whita, at	c.		
2	72 ho	pe	15. Decedant's (Specify only highast	Education	16a	. Deceda	nt's Usuai Occu	petion	16b. Kind of B					
7		Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5+)		life. Do	O NOT use retire	during most of word)	OI KII IY					
7		ပ္ပိ	8th Grade			F	lousew:			CONTRACTOR OF THE PARTY OF THE	ne			
and and	S E B	Be	17. Fathar's Nama (First, Middla, Li	-				18. Mother's Na	ama (First, Middl	a, Maidan Sumar	na)			
2	should be ind Mentel marked o	J ₀		Newman		AC 19b. Maliing Address (Street and Number				ynn				
a	0 8 8		19a. Informant's Name/Relationship	(Daughto:	r) 19b			tand Number or F Cgia av						
			Ms Rozell W. 20a. Mathod of Disposition	ilson ugnee.				.gra av	Data					
Baltimore,	Peges 1 and nent of Heelshit: If Hem 2 arry or other		1X Buriai 2 ☐ Cramation 3		cemata	ry, crama	tory or othar pla	,					16.7	
==	rtant				Mt Z				3/18	Galtn	ersbu	irg,	Md	
Ba	permit. Peges Department of important: If it sny injury or o		1X Buriat 2 Cramation 3 Ramoval from Stata Cematary, cramatory or other place) Mt Zion Church Cem. 3/18 Gaithers 22. Nama and Addrass of Facility 22. Nama and Addrass of Facility 22. Nama and Addrass of Facility 24. N. Washington St., Rockville											
			23a. Part1. Enter the disease, or or shock, or heart failure. List or	omplications that caused the	a daath. Do	not anter	the mode of dy	ng, such as cardi	ac or raspiratory	arrast,	, A	Approximatervai Bel	ita itween	
	Physician /Medical		immediata Causa (Final disaasa or condition	· Ser	tic	. 5	hock	4				Onset and	A75	
п	Examiner		resulting in death)	· Jo	n to (or as a	consequ	ence of):							
	D #	Sequantially list conditions, if any, leading to immadiate a consequence of): Dua to (or as a consequence of):											475	
_	icete be executed physician and s the bunal-transit	хап	Sequantially list conditions, if any, laading to immadiata											
9	be e iclan buns		causa. Entar Undarlying Cause (Disaasa or injury that initiated evants	C										
ox 68760,	Die o	VMedical	rasulting in death) Last	Du	a to (or as a	conseque	ence of):				8			
Вох	that the deeth ce ed by the attendi detached for use	Physician/	Dati Other I Washington						1					
0.		nys	Part ii. Other aigniffcant conditions	_	_			van in Part I.		tobacco use co				
	that hed b	by Pi	Possible L	pper 617	- (30	ca	ck		. 11.	Y88 2 No	3 Probe	bly 4	Unknow	
of Vital Records,	law requires that the ies been signed by the 2 should be detached	Completed b	Pnecem	onis						s an autopsy formed?	com	a autopsy abia prior i piation of coath?	to	
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g		Bec	25. Was casa rafarrad to medical					26. Placa of De	eath (Check only				,,,,,	
>		To E	axaminar? 1 ☐ Yas 2 XNo	Hospital:	2 □ ER/Oι	utpatient	3□ DOA Ot	hor		sidance 6 Oth	nar (Specify)			
o uoi	는 문학		27. Mannar of Death 1 Natural 5 Pending 2 Accidant invastiga	28a. Data of injury (Month, Day Y		Tima of Injury	28c. Inju Wo M 1			how injury occur				
Division	ai or Atte s efter de i Directo ed in by ti	Certification:	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicida datarmin	28a. Piace of Injury building, etc. (- At homa, fa Specify)	ırm, straa	it, factory, office			(Street and Numb own, State)	per or Rural f	Routa Nun	nber,	
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the fune.	edical (29a. Cartifiar (Check only one) Certifying Medical Ex	Physician: To the best of naminar: On the basis of examinar states	amination an	, daath o	occurrad at tha ti stigation, in my	ma, data and piac opinion, daath occ	ca, and dua to the curred at the time	a causa(s) and min, date and piaca,	annar as stat and dua to ti	led. ha causa(i	s)	
	To th withii To th	29b. Signature and title of certifier 29d. Licansa number 29d. C							29d. Data signa	Data signad (Month, Day, Year)				
			6. 1h	aker pu	0		D24	3430		MARCH	, 14 4	19	96	
			30. Name and addrass of person wh	no complated causa of daat	h (itam 23a)	(Type, Pr	rint)	0						
			GAURANG (IHAKER,	1811	1 P	ZINCE	PHILIP	DR 21:	2 our	Ey M	1 20	832	
	Sta	-	31. Data filed (Month, Day+Year)	6 32. Registrar's	Signatra	et								
	Registr	ar	MAR 15 199	0 June	AND PARTY	Maria A								

DHMH 16 Rev 6/95



3 should

	. 2		
ige to may be retained by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2.		at once.
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ILLIAM D	mplete	, сгеп	event
ertincate be executed within 24 hours an	and co	bunal	larked, or item 23 shows any Injury, or other traumatic eve
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PIIAL	ERAL	1 27 m	THE
HOS	E FUNI	1 with	RTAN
1	TO THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

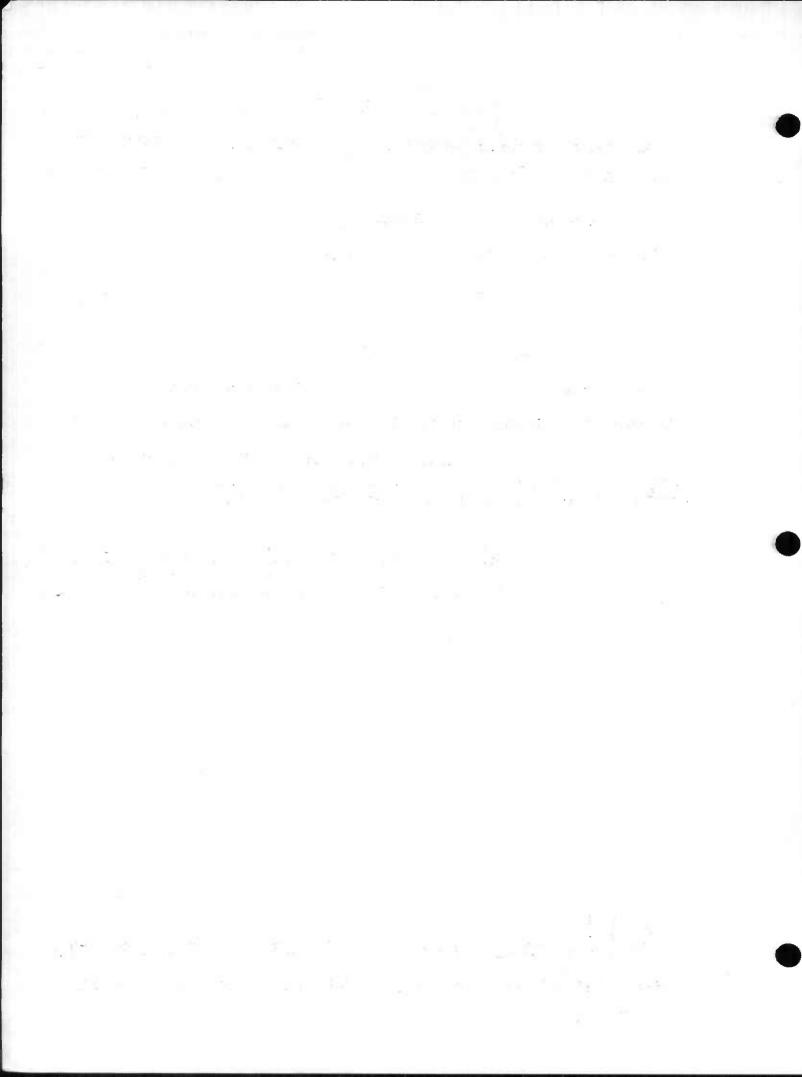
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DI CER	EPARTMENT TIFICATE			MENTA	AL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) Zelma	T.		Denney			2. DAT	e of DEATH DA	29,	1996	3. TIME OF DEATH 9:18A M
	4. SOCIAL SECURITY NUMBER 578-24-0698	1 🗆 M 2 屎 F	6. AGE (In yrs. last bir	YRS. MONTHS	DAYS	HOURS MIN,	7. DATI	E OF BIRTH oth, Day, Year) JNE 2,1	919	8. BIRTH Countr	IDAHO
TOR	96. FACILITY NAME (If not institution, give str DOCTORS HOSPIT RESIDENCE OF DECEDENT			96. CITY	LAN	R LOCATION OF D	EATH			INCE	GEORGES
DIRECTOR	10e. STATE 16b. COUNTY	NCE GEOR		OC. CITY, TOWN O	TSV						10d. INSIDE CITY LIMITS? 17 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4509 GREENWOO	DD RD.		Special distribution	101. ZIP CODE 20705						S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO AR OR DATES		If yes, spe	ENDENT OF HISPA city Cuban, Mexico 2 NO Specia	nn, Puerlo		or No—	14. RACE	— American Indian, L, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-t2)	DENT'S USUAL OR kind of work done of NOT use retired.)	during mos	t of working	16	Bb. KIND OF BUS			F7314		
NO N	17. FATHER'S NAME (First, Middle, Last)		1.00	EGAL SEC	REL	18. MOTHER'S NA	AME (First	PATE, Middle, Maiden		AM I.	LRM
BE C	ZELL	TRUMAN					NELL	JE	KII	NG	
TO B	190. INFORMANT'S NAME (Type/Print) EILEEN MARSH			AILING ADDRESS		TEM #1.0		mber, City or Tow	n, State, Zip	o Code)	
	20e. METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) CHAMBERS CREMATORY 20c. LOCATION — City or Town 3/3/96 RIVERDALE									
	21. SIGNATURE OF FUNERAL SERVICE LICE	embei	MOOO			CHAMBER		., RIV	ERDAI	LE, N	D. 20737
	23. PART I. Enter the disesses, or coehock, or heart fellure. L	omplications that list only one ceu	caused the death	. Do not enter	the mod	le of dying, suc	ch ss ca	rdisc or respi	ratory sr	rest,	Approximats interval Between
	ehock, or heart feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But to (or as a consequence of):										
NOI	Sequentially list conditions,	Urin	as Tr.	ret -	Ing	ection				4	unk.
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	DUE TO		acerlo.		Chro	nic	Obst	uctr	eVu	UNK.
AL	PART II. Other algoriticent conditions OS Leogra CO	_	death but not reeu	uiting in the ur	nderlying	ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CA				UNCERTAI	N 🗆				1 YES 2 NO
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2/2/NO	HOSPITAL:	26. PLACE C	OTHEI	R:						
	27. MANNER OF DEATH Netural 5 Pending	26a. DATE OF (Month, Da	INJURY 2	8b. TIME OF INJURY	28c. INJI WO		·	her (Specify) ESCRIBE HOW I	NJURY OC	CURED	
TED BY	Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE Of building,	FINJURY — At home, itc. (Specify)	, ferm, street, fect			28f. LC	OCATION (Street of the form of Town, Stete)	end Numbe	or Or Rural I	Route Number,
29e. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beat of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as ata									s) and menner es atated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER	bez				29c. LICENSE NU D1201	-		29d. DAT	Z Z	(Month, pay, Year)
2	Louis Ste	4			ve	Rel		nd	e /	-21	20785
	31. DATE FILED (Month, Day, Year) MAR 04 1996	32 REGISTRA	R'S SIGNATURE						·		

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Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

08056 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Davis Edna L ouise 1996 0505 A March 02 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MONTGOMERY Rockville <u>Shady Grove Adventist Hospital</u> If Undar 1 Year Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) June 26, I 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** Months Days Hours 1 M 200 Maryland 58 Director 215-36-5147 Usual Residence of Dacadent permit. Pages 1 and 2 should be filed within 72 hours after death with the Menyland Department of Health and Mentle Hyglene.
Important: If them 27 is a metted other than "naturef", or items 23a or 28af show any injury or other traumatic event, the Medical Experiment and the notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director Wheaton Montgomery 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 11512 Joseph Mill Road U.S.A. 20906 Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Datas: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black by Specify: 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) Montg. Co. Schools Bus Driver yr 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be John H. Brown Isabelle Twyman 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia A. Holland (Daughter) 18011 Ohara Cir, Olney, MD 20832 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removal from State 3/7 Rockville, MD 4 ☐ Donation 5 ☐ Other (Specify) Parklawn Mem. Park 22. Name and Address of Facility
SNOWDEN FUNERAL HOME,
ROCKVILLE, MD 20850 21. Signature of Funeral Service Licenses 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only of a cause on each line. Approximata Intarval Betw **Physician** /Medical Immediate Ceuse (Final disaase or condition resulting in death) Examiner Physician/Medical Examiner NON- SMARC The lew requires that the deeth certificate be executed the bunel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760, Due to (or as a consequenca of): signed by the ettendin be deteched for use Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.0. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Division of Vital Records, by 24b. Were autopsy findings available prior fo completion of cause of deeth? 24a. Was en autopsy performed? Completed page 2 certificete or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No 1 hipatient 2 ER/Outpatient 3 DOA this funeral Certification: 27. Menner of Death Date of Injury (Month, Day 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After f → Natural 2 ☐ Accident 5 Pending investigation 24 hours after deeth. 1 ☐ Yes 2 ☐ No 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Piaca of injury - At home, ferm, street, factory, olfica building, etc. (Specify) 4 | Homicide Hospital 1 ☐ Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 ☐ Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) To the I within 2 29b. Signature and t 29c. Licensa number 29d. Date signed (Month, Day, Year) 35 635 MO completed cause of death (Item 23a) (Type, Print)) 1 KAPLAN, MO Philip DR OLNEY, MD 18111 31. Data filed (Month, Day, Year) 32. Registrar's Signature State MAR 05 1996 Di Nevelson Redall Registrar



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death **Physician** Month Vaar Davis march 6.42 pm 96 /Medical 4a. Facility Name institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 13307 Galvez Street Silver Spring Montgomery If Undar 1 Yaar 5. Social Sacurity Number If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)
Dec. 19,1917 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months Days Houra 101 M 20 F Yrs West Virginia Director 203-10-0299 78 Usual Rasidance of Dacedani with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or hems 23a or 28a-f show other traumatic avent, the Medical Examinar must be notified at Yas 2 No Maryland Silver Spring Montgomery Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? United States 13307 Galvez Street 20906 permit. Pages 1 and 2 should be filed within 72 hours after death v
Department of Health and Manial Hygiene.
Important: If frem 27 is marked other than "natural", or freme 23a
and injury or other traumatic avent, the Medical Experience. Funeral 12. Was Decedant Evar In U,S. Armed Forces? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2√☐ No If Yas, Giva Yaar or Datas: 1□ Yas 2□No 3altimore, Maryland 21215-0020 White ģ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Dacedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 11 0 D.C. Metro Bus Driver Transit Authority 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Margaret Deskins 2 Norris Davis 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Wife 13307 Galvez St., Silver Spring, MD 20906 M. Jane Davis 20b. Plece of Disposition (Nama of cematary, cramatory or other place)
Fort Lincoln 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramoval from Stata 3-4-96 Brentwood, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Surviviolense 22. Nama and Addrass of Facility
Hines-Rinaldi Funeral Home, Inc. M00755 11800 New Hampshire Ave., Silver Spring, MD 20904 200 11800 New Hampshire Ave., \$1. br complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, that only one cause on each line. Approximate Interval Batween Onsat and Death **Physician** /Medical Immadiata Cause (Fine) 6 mo disaasa or condition rasulting in daath) Examiner Dua to (or es e consequence Examiner physician and tha burial-transit The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated evants rasuiting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 88 usa 10 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the s should be datached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Waa an autopsy performed? Completed peen : certificata has paga 2 1 ☐ Yas 2 ☑No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours aftar daath. Funeral Director: Aftar this certifica To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: Aftar this certific complataly filled in by the funeral director, 25. Was casa rafarred to medical Be 28. Pieca of Death (Check only ona) Othar: 4 Nursing Homa 5 Thasidance 8 Othar (Specify) 1 Yes 2 No 2 1 Inpatiant 2 ER/Outpatiant 3 DOA 27. Manner of Death 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 1 (Natural 5 Pending 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 3 ☐ Suicida 6 Could not be 28e. Plece of Injury - At home, farm, streat, factory, office bullding, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifian 1 🔯 Certifyling Physician: To tha best of my knowledga, daath occurred at tha time, date and place, and dua to tha cause(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year) oolce 9 30. Name end eddress of person no completed cause of deeth (Item 23a) (Type, Print) Con State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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				Cen	ilicale of	Dealli		R	eg. No.		
Physic /Medi		Decedent's Nama (First, Middle, Las CHARLES	DALINSKY					2. Dete of Dee Month MARCH		Year	3. Time 10 eth 1:2 FM
Exami		4a. Facility Name (If not institution, give HOLY CROSS HOSPIT	the contract of the contract of the			4b. City, Too SILVE	R SPI			of Death	ERY
Funeral Director		373 10 0221	7. Aga (In yrs. I		If Undar 1 Yea Months Dey		24 Hrs. Min.	8. Data of Birth JAN . I	, 1914	9. Birthp	leca (Steta or Foreign LAND
ital Hygiene. d other than "naturel", or items 23a or 28a-f show event, the Medical Examiner must be northed at	lor	Usual Residence of Decedent 10a. State 10b. County MARYLAND MONTO		, Town or Loca LVER SF						1	0d. Inside City Limits
3a or 28a	Funeral Director	10e. Street and Number 9039 SLIGO CREEK			10f. Zlp Code 2090	01			Og. Citizan of		
nd Mental Hygiene. marked other than "natural", or items 23a or 28a-f show imatic event, the Medical Examiner must be normed at	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Edi	Year or Dates:	III 10	□Yes 20XN	Specify:		cify Yas or No- Rican, etc.)		WH.	etc. ITE
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Mental Hy arked oth atic event	To Be	17. Fether's Name (First, Middle, Last) JOSEPH DALINSKY		_			JENN]	(First, Middle, EE FURMA	AN		
G 40 -		19a. Informant'a Name/Relationship (7. EVELYN DALINSKY	(WIFE)	9039 8	SLIGO CI				-SILVER	SPRI	NG, MD.20
		20e. Method of Disposition 1 X Burial 2 Cremation 3 1 4 Donation 5 1 Other (Specify)	Removal from State KII		D MEM.		1 3		FALLS	-	H, VIRGINI
Department of Important: If any Injury or once.		21. Signature of Funeral Service Double Lavey V	n. Hise	DAN	Name end Add VZANSKY- O ROCK	-GOLDBI	ERG N	MEMORIAI	CHAPE	LS, I	NC. 20852
ysician Medical aminer		23a. Party. Enter the disease or comp shock or heart tailury. Unit only of Immediate Cause (Final disease or condition resulting in death)	a. CORONARY	ARTERY	DISEASI		cardiac o	r raspiratory arr	est,	and the case of th	Approximete Interval Between Onset and Death YEARS
ending physiclan end use es the buriel-trensit	an/Medical Examiner	disease or condition resulting in deeth) CORONARY ARTERY DISEASE Due to (or as e consequence of):									YEARS
d by the atte	Physicia	Part II. Other eignificent conditions co	ntributing to death but not resu	ulting in the und	derlying cause (iven in Part I.		23b. Did to			the cause of death
ate hes been signed by the page 2 should be deteched	Completed by							24a. Wes e perfor	med?	av	era eutopsy findings eilable prior to mpletion of cause death?
certific rector,	Be	25. Was case referred to medical exeminer?	Hospital: 1 ≱Inpatient 2□I	ER/Outpetient	3□ DOA C	ther:		(Check only or			Yes 2 No
desth. tor: After this the funerel di	ertification: To	1 Yes 2 No 27. Manner of Death 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined	Other: 4 Nursing Home 5 Residence 8 Other (Specify) njury et Nork? Yes 2 No 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Location (Street end Number or Rural Route Number, City or Town, Stete)								
Funeral Funeral tely fille	edical Ce	29a. Certifier 1 Certifying Phyone) 1 Medical Exam	aiclen: To the best of my know ner: On the basis of examinati and manner stated.	vledge, deeth o ion end/or Inve	occurred et the stigetion, in my	time, date end opinion, deat	d placa, a	and due to the co	euse(s) and m late end placa,	anner es s end due to	lated. the ceuse(s)
To the	Me	29b. Signeture and till of partifier	e Asco	2		5568			9d. Date signe		
Sta	ate_	30. Neme and address of person who constant SAMUEL ITSCOITZ 31. Date filed (Month, Dey, Year)		GEORGIA	-	E #307	- S	LLVER S	PRING,	MD. 2	20902

Registrar DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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				-	_	_

	Physici /Medi Examir	cai	1. Decedent's Nama (First, Middla, Last) CHOWDHURY ROSHAN DIN 4a. Fscility Nama (If not institution, give street and number)	4b. City, Town, or L	2. Data of Death Month MARCH ocation of Death	Day Yaar 05 199 4c. County of Deat	9
	c		Shady Grove Adventist Hospit	al Rockvi	11e	Montgo	mery
	Funeral Director		5. Social Security Number 212-15-1835 6. Sex XIXM 2 F 7. Age (In yrs. last birthday)	If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth Month, Day, Y Sept. 12,	9. Birt Co 1912 Pal	hplace (State or Foreign untry) Cistan
	Merylend a-f show uffed at	ctor	Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Lo Maryland Montgomery Gaithers		-		10d. Inside City Limits XXYes 2□ No
	th with the 23e or 28	al Director	10e. Street and Number 14 Rothchild Court	10f. Zip Code 20878		. Citizan of What Co Pakistan	untry?
020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral	Armed Forcas? I	Vas Decedent of Hispanic Origin? (Sp Yes, specify Cuban, Mexican, Puarto Yes 2 XXo Specify:	ecify Yes or No- Rican, atc.)	14. Race - Ame Black, White Specify: Is	
21215-0020	filed within 72 ho Hygiene. other than "naturem, the Medical	Completed	(Specify only highest grade completed) (Give	ant's Usual Occupation kind of work dona during most of work O NOT use retired) CET	ing	b. Kind of Business	
Maryland ?	ould be filed Mental Hyg arked other atic event,	To Be C	17. Fsthar's Nama (First, Middle, Last) Ch. Khair Din		e (First, Middla, Ma		
	1 end 2 should Health and Men em 27 is merke			g Address (Street and Number or Rur Middle Point Ct.			
imore,	Pages 1 nent of He ant: If Item ury or oth		KLY Burial 2 Cremation 3 Removal from State	sition (Name of natory or other placa) shington Cemetery		c. Location - City or Adelphi,	
Balt	permit. Page Department of Important: If any injury or once.			Name and Address of Facility Onaid V. Borgward 400 Powder Mill R			
	Physician /Medical		23a. Part1. Enter tha disaase, or complications that caused the death. Do not enter shock, or heart feilure. List only one cause on each line.	or the mode of dying, such as cardiac	or respiratory arrest		Approximata Interval Between Onset and Death
	Examiner	er	disease or condition resulting in death) Due to (or as s conseq	U PNEUME JGEAL DYSPI	HAGIA		ID DAYS
Box 68760,	ath certificete be assecuted ittending physician and for use as the burial-transit	cian/Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last Due to (or as a consequence of the consequence	uence of):	,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10 00 (2
0		Physici	Part II. Other significant conditions contributing to death but not resulting in the un	darlying cause given in Part I.	23b. Dld tobs	cco use contribute	to the cause of desth?
<u>α</u>	v requires that the de been signed by the should be detached	by	PULMONARY EDEMA		1 🗆 Yes		obably 4 Unknown
Records,	> 10 01	Completed	PULMONARY EDEMA		24a. Was an a performe	d?	Were autopsy findings available prior to complation of cause of death?
	hysician: The la his certificata has I director, page 2				1 🗆 Yas	2 No	1 ☐ Yes 2 No
5	siclar s certif	o Be	25. Was case raferred to medical examinar? 1 □ Yes 2 No Hospital: 1 Inpatient 2 □ ER/Outpetlen	Other	h (Check only one)	ca 6 🗆 Other (Spe	oifu)
0	g Phy ler this neral c	n: T	27. Manner of Death 28a. Data of Injury 28b. Time of		28d. Describe how		sny)
Division of Vital	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifica completaly filled in by the funeral director,	Certification:	1.▲Natural 5 □ Panding (Month, Day Year) Injury 2 □ Accidant Investigation 3 □ Suicida 6 □ Could not be datermined 4 □ Homlcide datermined	M 1 □ Yas 2 No	281. Location (Stree City or Town, S	et and Number or Ro State)	ural Route Number,
_	To the Hospital within 24 hours a To the Funeral Completely filled	edicai Co	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death 2 Medical Examiner: On the basis of exemination end/or invended manner stated.	occurred st tha time, date and place, estigation, in my opinion, death occur	and due to the caus red at the time, date	se(s) and manner se and place, snd due	stated. to the cause(s)
)	To the within To the comp	M	29b. Signature and title of certifier CHAPLES - A - OBLOHA, M	29c. License number . D 4772		Dete signed (Mont	n, Day, Year) 05 1996
	5			CHERN BLOS	SOW L#	ANE, NOR	TH POTOMAKIN
	Sta		31. Date filad (Month, Day, Year) . 32. Registrar's Signature				

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 08060 Amended #7, 3/5/96, MRT, Montg. Cty. Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** DAVID MARIAMUTHA 9:30 Am March /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** If Under 1 Year If Under 2 118 8. Da of Birth (Month, Day, Year) PRINCE GEORGE'S 1808 Crosby Rd 5. Social Security Number 6 Say 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F Yrs. 213-98-7823 Director India Dec 27, 1903 Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural; or item 23a or 28a-f show any injury or other traumatic event, the Medical Examinar matter notified as 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 □Was 2 □ No Hyattsville Directo Maryland Prince Georges 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20783 India 1808 Crosby Rd by Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva △ Yaar or Datas: 11. Maritai Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, spacify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2√☐ No Specify: Specify: Eastern Indian 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 9 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Surnama) Be Mariamutha (Unobtainable) Peter (Unobtainable) 2 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1808 Crosby Rd, Hyattsville, MD 20783 Muriel Sharma/Daughter 20b. Place of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata W Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stete George Washington Cemetery Mar 4 Adelphi, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility Hines-Rinaldi Funeral Home 21. Signatura of Funarai Sarvica Licansas Olan Danne 11800 New Hampshire Ave, Silver Spring, MD 20904 23a. Part1. Enter the disagsa, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervai Batween Onset and Death **Physician** /Medical Immediata Causa (Finei "Generalized ATheroscleratic Candio VAScular Disease disaasa or condition rasulting in daath) YEBRS Examiner Due to (or es e consaquance of): Examiner To the Hospital or Attending Physician: The law requires that the death cartificate be executed within 24 hours after death.
To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bundarlaransit Sequantially list conditions, if any, laading to immediate ceusa. Entar Undarlying Cause (Disaasa or Injury that Initiated avants rasulting in daath) Lest Due to (or as a consequence of) Box 68760, Physician/Medical Dua to (or as a consaguance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yss 2 No 3 Probably 4 Unknown Chronic as Thmatre bronchilis by 24b. Wara autopsy findings available prior to Completed 24a. Wes en eutopsy performed? complation of cause of death? 1 Yas 2 N No 1 ☐ Yas 2 ☐ No Be 25. Was casa rafarred to madicel 26. Placa of Daath (Check only ona) Hospitai: 1 ☐ Inpatiant 2 ☐ ER/Outpetiant 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 1 Yas 2 No Certification: To 27. Mannar of Death 1 Manual 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and piaca, and dua to tha causa(s) and mannar as stated.

2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, dete and piaca, and due to tha cause(s) and manner stated. 29a. Certifier Medicai (Check only one)

State Registrar

31. Data filed (Month, Day, Year) -MAR 05'

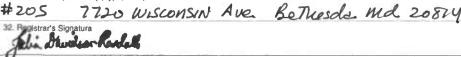
Benegu MD

30. Nama and addrass of person who complated ceuse of death (Itam 23e) (Type, Print)

#205

29b. Signatura and title of certifiar

J. BERGER MD



29c. Licansa numbar

29d. Data signed (Month, Day, Year)

March 1, 1996

DHMH 16 Ray 6/95

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State of Maryland / Department of Health and Mental Hygiene 08061

						Cer	tificate of	Death		Rag. No.		000	01		
			1. Decedant's Name (First, Middla, Las	st)					2. Data of De	eath		3. Tima of	Deeth		
	Physici		William	Euge	ene		Davi	S	March	Day 4	Yaar 96	2:36	DM		
0	/Medid Examir		4a. Facility Nama (If not Institution, give	street and number)				4b. City, Town, or				14:30	PM		
46	LAGIIII	101	The Memorial		at Ea	asto	n	Easto	on	Tall	not				
	Funeral		5. Social Sacurity Number 6. Se	ax 7. Age	(In yrs. last b		If Under 1 Yea	r If Undar 24 Hr	s. 6. Data of Bi		9. Birtha	piace (State o	r Foreign		
	Director		217-30-1870	EXM 2□F 63		Yrs.	Months Days	s Hours Mir	May 12	1933	Maryland				
	ס		Usual Rasidence of Decedent						11.62	2700	-1022				
	ylan how		10a. Stata 10b. County		10c. City, To						1	10d. Inside Cit	y Limits		
	M and	ţò	Maryland Dorches	ster		Ca	ambridge	2		1 X) √as 2 □ No					
	r 28	Director	10e. Street and Number				10f. Zip Coda	01610		10g. Citizan of	What Cou	ntry?			
	h wil		310 Willis St.	•				21613		U.S.	. F.				
	dead dead	Funeral	11. Marital Status	12. Was Decedant E Armed Forces?	var in U,S.	13. W	as Decedant of	Hispanic Origin? (Specify Yas or No			can Indian,			
0	or he	3	1 Nevar Married 2 Married	1 ☐ Yas 2XXV	0			ban, Mexican, Pue	nto rucan, etc.)		ck, Whita, _{y:} Whi				
00	E E	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Year or Datas:		'	☐ Yas 200MNo	Specify:		Specin	/: WIII				
21215-0020	72 h	Completed	15. Decedant's Ed (Specify only highest grad		168	a. Decede	ent's Usual Occu	upetion a during most of w	orkina	16b. Kind of B	usiness/In	dustry			
21	igh in	nple	Elementary/Secondary (0-12)	College (1-4or 5-	+)	life. D	O NOT use ratir	red)							
7	ygier tr	S	14				dispa	tcher				ompany			
Maryland	tal H	Be	17. Father's Nama (First, Middla, Last)	Davida				18. Mothar's Na	ama <i>(First, Middle</i> Lenora	, Maidan Sumen Moor	,				
<u>×</u>	is 1 and 2 should be filed within 72 hours efter death with the Maryland of Health and Mantel Hygiene. The marked other than "natural", or items 23s or 28s-f show item 7 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Madical Examine. The notified at	Lo	Roy I												
a	2 sh land ls m		19a. Informant's Name/Relationship (7 Mrs. Alma Davis	Type, Print)	19	b. Mailing	g Addrass (Stree	St., Camb	Rural Routa Numb	par, City or Town, ID 21613	State, Zip	Code)			
ď.	and m 27 her t							oci, odino							
			20a. Mathod of Disposition N N N Surial 2 □ Cramation 3 □	Ramovai from Stata	cemati	ary, crem	sition (Nama of atory or other pl		Data						
<u>E</u>	mant:		4 □ Donation 5 □ Othar (Specify		Pleas	Pleasant Grove Cemetery 3/8 Cumberlar							ıd		
Baltimore,	pemit. Peges Department of Important: If it any Injury or o		21. Signature of Funaral Sarvice Licens	see			Nama and Addi								
	20599		Apr 1 from					ineral Ho st St. Ca		MD 216	13				
			700 Locust St. Cambridge, MD 21613 23a. Party Enter tha disaasa, or complications that causad tha death. Do not antar tha mode of dying, such as cardled or respiratory arrest, shock, or heart teilura. List only one cause on each line. Approximate Interval Batween												
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	and I-tran	хап	Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying	3	Due to (or as a	consequ	ance of):		9				V		
68760,	sath certificete be executed attending physician and for usa es the burial-transit		Cause (Disaase or Injury	Reval	failu	re	with U	house	reval 1	usuffice	evy	fun a	lay		
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=			25. Was casa referred to medical					00 51 10	10		11	☐Yas 2☐	No		
>	Physician: this cartific ral director,	o Be	axaminar?	Hospitai:	t 2 ER/O	u denstinat	3□ DOA O	thar-	eath (Check only Homa 5 ☐ Ras			4.3			
ō	를 글 글	=	27. Mennar of Daath	28a. Data of Injun	28b.	Time of	26c. Inje			how injury occur		<i>y)</i>			
DIVISION	nding F th. : Aftar e funar	atio	1 Natural 5 Panding 2 Accidant invastigation	(Month, Day	Year)	Injury		ork? ∐Yes 2∐No							
<u>S</u>	Attend r death ector: / by the	HC	3 ☐ Suicide 6 ☐ Couid not be 4 ☐ Homicida determined	28a. Place of inju	ry - At homa, f	arm, stre	at, factory, office		28f. Location	Street and Numb	er or Run	al Routa Numi	ber,		
5	od in Dig	Certification:	4 Hofficida	building, afc.	(Specity)				City or To	wn, Stata)					
	hour hour inera	- 1	29a. Cartifier 1 Certifying Phy	sician: To the best of	my knowledg	a, daath	occurred at the I	tima, data and place	e, and dua to tha	cause(s) and ma	anner as s	teted.			
2 Section (Check only one) 2 Medical Examinar: On the basis of axamination and/or in and manner stated.					nd/or inve	estigation, in my	opinion, daath occ	curred at the time,	date and place,	and due to	o the cause(s)	1			
29b. Signature and titla of certifier						29c. Licer	nse number		29d. Date signe						
			> 5974 N	1D			DL	16020		4/3	3/96	>			
			30. Nama end addrass of person who co			, ,,	Print)			•					
			S.I.ALI MD 5	06 Idleu	ild An	re	Easto	n Md	21601						

State Registrar

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and state death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE O	F DEATH	RE	G. NO.					
	Joseph M. DeStefano, Sr. 2. Date of Death MONTH 2 DAY 1996 7.30 An											
									7:30 AM M			
	4. SOCIAL SECURITY NUMBER 204-12-4915	1 💢 M 2 🗆 F	71 YRS.	MONTHS DAYS		Jan 30), 1925	Penn	PLACE (State or Foreign 17) ASYLVANIA			
OR	99. FACILITY NAME (If not institution, give 350 Lees Mill Roa				mpstead	ATH			OF DEATH Proll			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		lier lier									
DIRE	Maryland Ca	rroll	10c. CI	TY, TOWN OR LOW Hamp	stead				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
IERAL	350 Lees Mill Roa	ad			21074		10g. CIT	WHAT COUNTRY?				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverged	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR	YES 2 □NO OR DATES	if yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 XIO Specify	n, Puerto Rican,		14. RACE Black Speci	E — American Indian, k, White, etc.			
	16. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 160. KIND OF BUSINESS/INDUSTRY											
BE COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT	work done during	nost of working	100.7000	I.R.S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Adjusted)		_				
SE C	Amadeo DeStefano					a Sarto		31				
10	190. INFORMANT'S NAME (Type/Print) Frances J. DeStet	ano	19b. MAILIN 350 L	ees Mil	1 Road, H	ampstea	y or Town, State, Zip ad, MD 2	1074				
	20e. METHOD OF DISPOSITION 1	ovel from State	20b. PLACE AND DATE cemetery, cremetory or Carrol	OF DISPOSITION other place)	Neme of		20c. LOCATION —					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Carrol.		LIONS AND ADDRESS OF FA	13/4	Hampst	ead,	MD			
	· Kerin 7	1/6	idere		S. Main	EJ	line Fun	eral MD	Home 21074			
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
S		d										
MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 YO NO 1											
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch							
14S	1 YES 2 NO	1 inpetient 2 is El	R/Outpatient 3 DOA		ome 5 Residence							
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Your) IN	M 1	NJURY AT VORK? YES 2 NO	28d. DESCRIBE	E HOW INJURY OC	CURED				
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF II building, etc	JURY — At home, ferm, . (Specify)	street, factory, of	fice	26f. LOCATION City or Town	(Street and Number n, State)	r or Rural F	Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI		knowledge, death occur) and manner se stated.			
B	296. SIGNATURE AND TITLE OF CERTIFIE	A Anial			29c. LICENSE NUN		29d. DAT	E SIGNED	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ)	e, Print)	3,0,0	- '		-				
	Dr. Anjaria,	3100 Wym	an Park		Baltimo	ore, Ma	aryland	1				
	31. DATE FILED (Month, Day, Your) MAR 5 19	32. REDISTRAR'S	SIGNATURE									
الب	THE III O IO	A 01 ()										



Please Type or Print in Biack Indelible Ink. Assure Ail Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

08063

								Cert	tificat	e oi	Death			Reg.	No.		000	UU
	Physic	ian	1. Decedant's Nam	na (First, Middia, Lu	Shirle	v 1	. Da	vis					2. Date of Month	f Death	Day	Year	3. Tima of	_
	/Medi		de Perille North	96 4 (n - 40) val		•	i. Da	V12			4h Cib. Te	um arli	mar	cu	3	1996	07:	54 AM
	Examii	ner	4a. Facility Name (um <i>ber)</i>					4b. City, To			Peath	4c. County			
Н			5. Social Security N	ington Co.	Sex	7 400	In yrs. last bir	th/lev)	If Undar	1 Yea		ersto	9 Date o	f Rinth		shingt		e Famina
	Funeral Director		220 34		1□M 2ÅF			Yrs.	Months	Days		Min.	(Month	Day, Ye	ar)	Coun		ir Foreign
			Usuai Residence o				,,,						Aug.	7, 17)(i'id!	yland	
	/land		10a. State	10b. County		1	Oc. City, Tow	n or Loc	ation							1	0d. Inside C	ty Limits
	Man	ţŏ	PA	Fran	nklin		Green	castl	e								1 Yes	2 🗆 No
	r 28s	Director	10e. Street and Nu	mber					10f. Zip	Coda	ii .			10g.	Citizen of	What Coun	try?	
	N will	D E		15 Ce	enter Squ	are					17225	5			U S			
	72 hours efter death with the Maryland natural', or items 23a or 28a-f show picel Evaniner must be notified at	Funerai	11. Marital Status		12. Was Dec	cedent Ev	er in U,S.	13. W	as Deced	dent of	Hispanic Or ban, Mexica		ecify Yas o	r No-		e - Americ		
0	efter or ite		1 ☐ Nevar Marr	ried 2 Married	1 Tes	2 1 No			Yas				Hican, etc.)		ck, White, v: Whi		
02	ours -	by	3 D Widowed	4 ☐ Divorcad	Year or I	Dates:		1	LI TAS	Z I LI INC	э эрөспу.				Specif	y: WIII	. Le	
21215-0020	should be filed within 72 hours of Mental Hygiene. marked other then "natural", matic event, the Medical Exa	Completed	(Spe	15. Decedent's E	ducation	r)	16a.	Deceda (Give k	ant's Usua	i Occu	upation e during mos	at of work	ina	16b	. Kind of B	usinass/Inc	dustry	
21	ithin Ben	du	Eiemantary/Seco	, , ,		(1-4or 5+)		iife. D	<i>ONOT</i> us	se retir	ed)				- 1-			
2	ygier H. II.	S	10					uome	SIIC		T				n/a			
n o	tal H d off	Be	17. Father's Nama	(First, Middle, Las	norn	nan	Tressler						e <i>(First, Mi</i> ne Mai		den Suman	na)		
7	ould Men Mer marke	2				11011												
Maryland	d 2 should be filed within the and Mental Hygiene. 7 Ie marked other then traumatic event, the Me		19a. informant'a N			. \				_	et and Numb				_	State, Zip	Coda)	
	end leelth m 27		Kenneth R		(spous	se)	20b. Piaca o				re, Gre	encas						
0	F to F		20a. Method of Dis 1 X Burial 2	position Cremation 3 [⊒Removai from	State	cemete	y, c <i>re</i> ma	atory or o	thar pi	-	1	Date			- City or To	wn, Stata	
Ë	Baltimore, Maryland 21215-0 pernit. Pages 1 end 2 should be filed within 72 ho Department of Heelih and Mental Hygiene. Important: if item 27 is marked other than "naturnary injury or other traumatic event, the Medical ance.			5 ☐ Other (Speci			Browns	Mill	Ceme	tery		13	3/7/96	Ka	uffman	, PA		
Bai	epart poor ny in		21. Signature of Fi	meral Service Lice	nsea / a u						ress of Facili		neal He	ma				
	40 = e a		tole	uf (1)	1109						ington				, PA	17225		
			23a. Part1. Enter t	the disease, or con art failura. List only	nplications that	caused the	e daath. Do	not enter	r tha mod	e of dy	ing, such as	cardiac	or respirato	ry arrest,			Approximat intervai Bet	e ween
	Physician															1	Onset and	Death
1	/Medical Examiner		Immediate Cause disease or condition	(Finai on		00	nGc	97	rive		HCAR	7	TAI	lura		5	FUDD.	SN
1	Examine	L	resulting in death)		d.	Di	ua to (or as a	consequ	uance of):									
	pe sit	Examiner			b	mi	MAI	Ya 1	les c	1150	2030							
	and Fran	хап	Sequentially list co	onditions,			ue to (or as a			,						1		
60,	be ey		Sequentially list co if any, teading to in causa. Enter Unde Cause (Disease or	erlying Injury	C	R	heim o	TIL	1	Erb	r							
68760,	certificate be executed iding physician and ise as the burial-transit	/Medical	that initiated avents rasulting in death)	5		Du	e to (or as a	consequ	ence of):									
ox (ding	/Me		L	d													
B		Physiclar																
P.O.	thet the de ad by the detached	ysi	Part II. Other algnit	licant conditions	contributing to o	death but	not resulting in	the und	derlying c	ausa g	jiven in Part	l.					the causa	
	es that thighed by be detact													1 🗌 Yss	2 No	3 ∐ Prot	pably 4	Unknown
Records,	requires that the death been signed by the etter hould be detached for	d by											24a. \	Nas an ai	utopsy	24b. We	ere autopsy	lindings
2	_ 10	ete												performed	17	COI	aliable prior to mplation of c	
Re	has has	Completed													4		death?	
	ician: The certificate h rector, page		00 141											I □ Yes	2 X No	1L	JYes 2□	No
of Vital	Physician: this certific	o Be	25. Was case referexaminer?		Hospital:					0	thar:		h (Check o					
of	Phys this	⊢	175 Yes 2 2 27. Manner of Deat		1	Inpatient of injury		tpatiant fime of		JA	4 U N	ursing Ho	ome 5 □ I 28d Dasc				r)	
on	ding F h. After funer	tion	1 ANaturai 2 Accidant	5 Pending	28a. Date (Mor	nth, Day Y	(ear)	njury	м	8c. Inj W	ork? □Yes 2□	No	200. 0400	100 11011	injury occur			
Division	or Attending effer death. Director: Affe I in by the fune	fica	3 ☐ Suicida	6 Could not b	De Dies	a of Injury	- At home, fa	rm. stree	et, factory				28f. Locati	on (Street	t and Numi	ber or Rura	I Route Num	ber.
Ö	efter Dire d in b	Certification:	4 🗌 Homicida	datammed	build	ling, afc. ((Specify)		,					Town, S				Ť
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral		29a, Certifier	1□, Certifying PI	hysician: To the	a bast of r	ny knowledga	, daath	occurred a	at tha t	tima, data ar	nd piace,	and due to	the cause	e(s) and m	anner as at	tated.	
	Me Ho	edicai	(Check only one)	20 Medical Exa	miner: On the b	pasis of ex nner state	camination an	d/or Inva	astigation,	in my	opinion, dea	th occur	rad at tha ti	ma, data	and place,	and due to	the cause(s	;)
	To th To th comp	Σ	29b. Signatura and	title of certifiar					290	. Licer	nse number			29d.	Date signe	d (Month,	Day, Year)	
			1	K- U-1	deels					1	71120	06			mars	h 4	1896	
			30. Nama and addr	ass of person who	complated cau	se of daa	th (item 23a)	Туре, Р	rint)									
				HN W	= 2 kg		680 N	Cor	Than	1	Hr	HA	Ters	Tow	1	ke D	817	12
	Sta	ite	31. Date filed (Mon	th Day Year)	11. 8	Re distrar's	gnature					1 1	1					
	Registr	ar	MAK ^	סבבו ה	year dies	THE STATE OF	The state of											

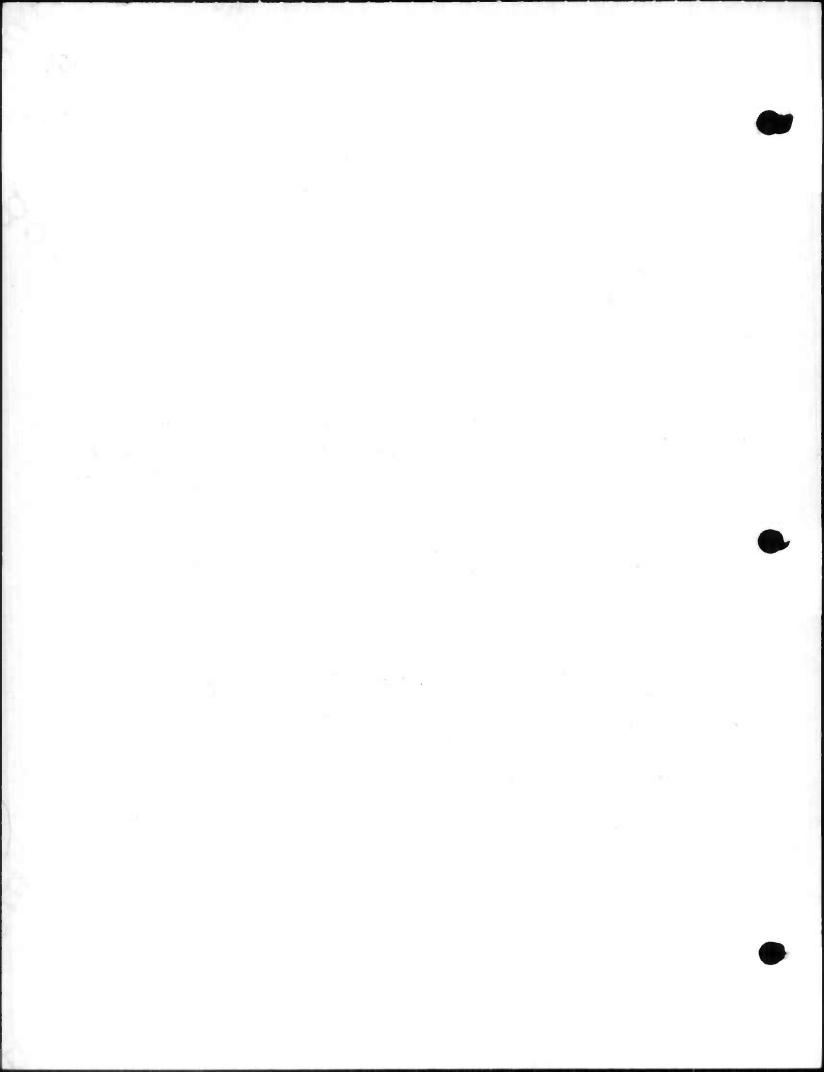
Registrar

ned by the hospital or attending physician. ould be detached for use as the burlal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS. P.O. BOX 68760

i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DAL HINDRE, MARITANE	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND	MENTA	L HYGIEN	E		000	77	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATH			3. TIME OF DEA	ATH .	
	Alona Jea	an DEMENT				FEI			76	345	AH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			LACE (State or I		
	219825586		41 YRS.	THE DAYS	HOURS MIN.	Nov	28 19	54		fornia		
DIRECTOR	90. FACILITY NAME (If not institution, give str Western Maryland (RESIDENCE OF DECEMENT			Hagers	town	DEATH		Wash				
H	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION					10d. INSIDE CIT	Υ	
		AL STREET AND NUMBER										
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH											
Ä	1500 Pennsylvania				21740				S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, OIVE WAR OR D	2 XNO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	an, Puerto F	f? (Specify Yes Rican, atc.)	or No- 1	4. RACE Black, Specify	- American Ind White, atc. White	len,	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION Completed	16a. DECEDENT'S USU	AL OCCUPATION	DN .	16b.	. KIND OF BUS	HNESS/INDU	STRY	WILLEC	-	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	ired.)	st or working							
MP	4	0	N	lone			No	ne				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	Middle, Malden	Sumame)				
BE	Paul Dement											
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) To											
_	Betty J. Crabtree	(Deceased)	eceased) (Pre-Arrangements)5708 Standing Oak Rd. Va. 23112								112	
	20e. METHOD OF DISPOSITION 1 Burlel 2 D Cremetion 3 Remo	val from State 20b	PLACE AND DATE OF DI etery, crematory or other p	SPOSITION (Na	me of	DATE	E 20c, LO	CATION — CI			1	
	Surfect 2 Di Cremetton 3 Removal from State Complety, cremetory or other placed Complety Cremetory 2-29-96 Hagerstown, Maryland											
	>5cott/1	Manu	ul	415 E	. Wilson	n Blv	d. Hag	ersto	wn,		740	
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	LUNG CAR DUE TO (OR AS A	ach line.							Approximinterval E Onset an EST 10 Mo	letween d Desth	
PHYSICIAN: MEDICAL CI	PNEUMONIA OF ASTROCYTOMA, DID TOBACCO USE CONTR	PERFORMED? AM									PINDINGS TO CAUSE	
Ö		HOSPITAL:	26. PLACE OF DEATH (C	HER:								
ΤΥS	1 VES 2 NO	1 Inpatient 2 ER/Outp	etlent 3 DOA 4	Nursing Hom	5 Residence							
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY		JRY AT RK? ES 2 NO	28d. DES	CRIBE HOW IN	NURY OCCU	RED			
ВУ	2 Accident Investigation 3 Suicide & Could get be	26e. PLACE OF INJURY	— At home, farm, street			26f. LOC/	ATION (Street e	nd Number or	Burni Bo	urte Alumbar		
TED	4 Homicide 6 Could not be determined	building, etc. (Spec	ify)	, , , , , , , , , , , , , , , , , , , ,		City o	or Town, State)	no number or	rwer no	ole Nonber		
COMPLET		IAN: To the best of my knowl								and manner es :	Matted.	
8	296, SIGNATURE AND TITLE OF CERTIFIER	b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month										
2	Mark Jas	meson, M	D.		p 3153	37		Bel	rwa	229,1	996	
	30. NAME AND ADDRESS OF PENSON WHO MARK JAMESO 31. DATE FILED (Month, Day, Year)	WEST N 1500 P	ATH (ITEM 27) (Type, Print ERN MAI	RYLA	VO CE	NTE	ER ERSTO	WN.	ME	2174	2	
	MAR -1 1996	32 AGGISTRAR'S SIGN	ATUR									



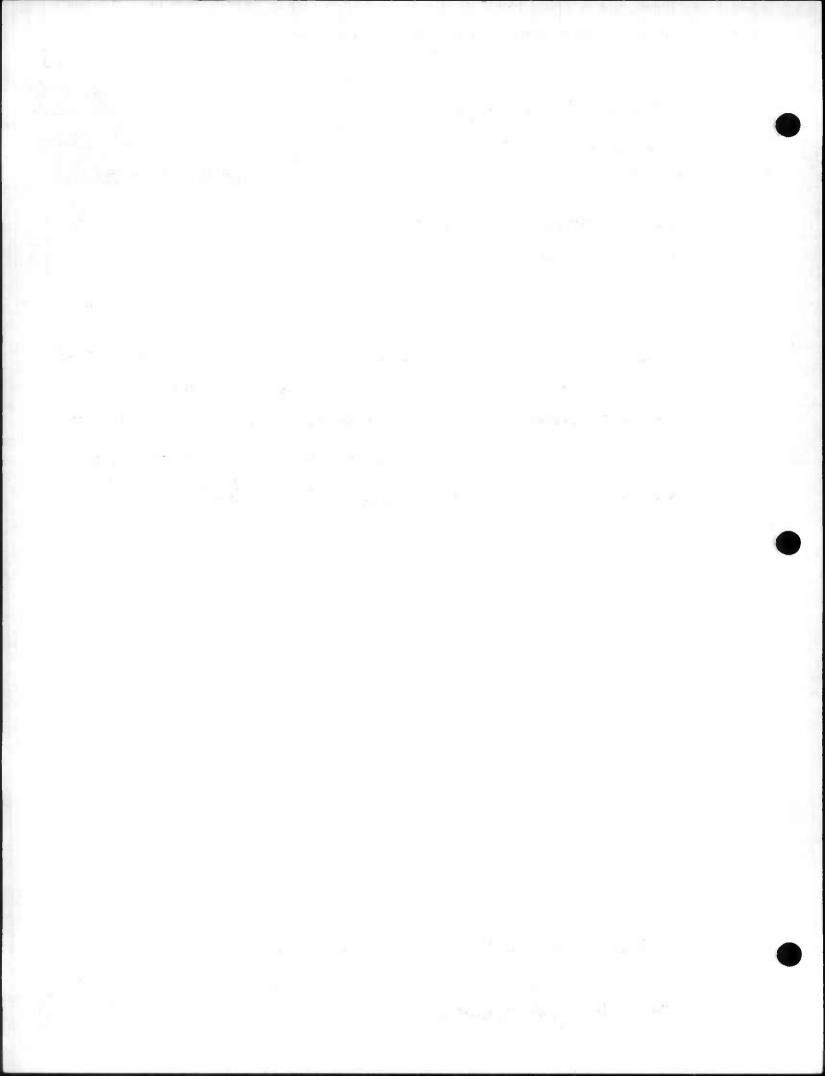
Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 081

				Certificate of	Death		eg. No.	U	0000
ı	Physici	an	1. Decedent's Name (First, Middle, Last)			2. Dete of Dea Month	th Dey	Yeer	3. Time of Death
Į.	/Medic		Mevis Munson Doyle			Murch	52	1996	11:15 AM
Å.	Examir	er	4a. Facility Name (If not institution, give street and number)		b. City, Town, or Loc		4c. County		A
_		-	Washington County Hospital 5. Social Security Number 6. Sex 7. Age (In yrs. last bir	thday) If Under 1 Yeer	Hagersto			shing	
Ŀ	Funeral Director		4 T 14 a 577 E	Yrs. Months Days	Hours Min.	8. Date of Birth (Month, Day May 19	1918	Mary	ece (State or Foreign ry) Land
	yland		10a. State 10b. County 10c. City, Town	n or Location	<u>-</u>			10	d. Inside City Limits
	P Mar	Director	Maryland Washington Hager	stown					1 XYea 2 No
	or 28	Oire	10e. Street and Number	10f. Zip Code		1	0g. Citizen of V	/hat Count	ry?
	ath w	rai	209 Mealey Parkway	21742			USA		
0200-91212	of 2 should be filed within 72 hours after death with the Manyland in and Mental Hyglena. 7 is marked other than "natural", or items 23a or 28a-f show it is marked other than "natural", or items 23a or 28a-f show the undified at the Wadigal Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Merried 2 Married 3 X Widowed 4 Divorced 12. Was Decedent Ever In U.S. Armed Forces? 1 Yes 2 X No If Yes, Give Year or Detes:	13. Wes Decedent of H If Yes, specify Cube 1 ☐ Yes 2 ☐ XNo		cify Yes or No- Rican, etc.)		e - America k, White, e : Whi	etc.
Š Š	72 ho	Completed	15. Decedant's Education (Specify only highest grade completed)	Decedent's Usual Occup	ation	100	16b. Kind of Bu		
2	na.	mple	Elementary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done of life. DO NOT use retired)	1			
7	hygier her th	CO	12	Secretary	10 Mathada Nama		Fairchi		rcraft.
Maryland	d be f	To Be	17. Fether's Name (First, Middle, Last) Charles Chester Rider		18. Mother's Name Lola Ma			Θ)	
ary	should Mark	F		. Mailing Address (Street				Stete, Zip	Code)
				7 W. Magnol		lagersto	own, Mai	ylan	1 21742
saitimore,	2 2 2 2	6.7	20e. Method of Disposition 20b. Placa of camerer 20b. Placa of camerer	f Disposition (Name of ry, crematory or other place	xe)		20c. Location -	City or Tov	vn, State
Ē	mit. Pages partment of the portant: If the r injury or of		4 □ Donation 5 □ Other (Specify) Rest	Haven Cemete		/9 I	lagersto	own,	Maryland
ga	Depar mpor mpor my in		23- Signature of Funeral Service Licansee	Gerald N.	ss of Facility Minnich	305 N	Potoma	ac St	reet
		_	guldo1.01 unnich	Funeral Ho			stown, N	Mary 1	
. 3	Die de la la		231. Pent1. Enter the disaese, or complications that caused the death. Do shock, or heart failure. List only one cause on each line.	not enter the mode of dyln	g, such as cardiac o	r respiratory arr	est,		Approximate Intervel Between Onset and Death
). "	Physician /Medical		Immediate Cause (Finel						
	Examiner	2-1	disease or condition resulting in death) Due to (or es e	consequence of):					4 montes
	D is	Iner	_ h						
9	death certificete be assouted e ettending physician and od for usa es the bunal-transit	Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury c.	consequence of):					
58/5 0,	s be a Sician s buria	edical	Cause (Disaase or injury	anneau att					
20	5 00	Aedi	resulting In death) Lest	consequenca ot):					
X Q Q	th cer tendin or usa	Physician/M	d						
	the dea y the et ached fo	/sici	Part II. Other algnificant conditions contributing to death but not resulting in	n the underlying cause giv	en in Part I.				the cause of death?
7.	v requiras that the death cer been signed by the ettendin should be detached for usa					10 Y	es 2□ No	3 Prob	ably 4 Unknown
S S	requires that een signed b hould be det	d by				24e. Was e	n autopsv	24b. We	re autopsy tindings
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I	sician: The law certificata has b lirector, page 2 s	Com				1 🗆 Y	98 2 ANO	1 🗆	Yas 2□ No
	ysiclan: s certifica director,	Be (25. Wes case referred to medical examiner?		26. Place of Deeth				
_	his l	To	1 Yes 2 No Hospital: 1 Impatient 2 ER/Ou		er: 4 Nursing Hon)
סחס	nding P tth. : Aftar i e funen	ation		rime of 28c. injury Wor 1 □	yat k? Yes 2 □ No 2	8d. Describe h	ow injury occurr	ed	
DIVISION	To the Hospital or Attending Pl within 24 hours atter death. To the Funeral Director: After th completely filled in by the funera	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, fa building, etc. (Specify)	rm, street, fectory, office	2	8f. Location (S City or Town		er or Rura	Route Number,
	Hospitt 24 houn Funers Funers letaly fille	edicai (29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge 2 Medical Examiner: On the basis of examination en and manner stated.	e, deeth occurred et the tin d/or investigation, in my o	ne, dete and place, a plnion, deeth occurre	nd due to the c	ause(s) and ma ete and piece, e	nner as sta end due to	ited. the cause(s)
	To th To th comp	×	29b. Signeture end tille of certifier	29c. Licens			9d. Date signed		
			Muchael J. Melaund 1	1.0. 04	1667		3.5	.96	
			30. Name and eddress of person who completed cause of death (item 23a) of Michael J. McCornack 1799	(Type, Print)	. 4			~	121
			Michael J. McComack 1799	Howell Re	oud Day	erston	a MO	. 2	1140

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Month 1996 5:04 arch DONALD DEATRICH 4b. City, Town, or Location of Death 4c. County of Death HAGERSTOWN WASHINGTON If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) Days Hours Min Yrs. 68 MARYLAND APRIL 15,1927

Funeral Director

Physician

RICHARD

filed within 72 hours efter death with the Maryland

Baltimore, Maryland 21215-0020 Pages 1 end 2 should be filed within nent of Haalth end Mental Hygiena. ent: If item 27 is marked other than ' permit. Pages Depertment of Important: If it any injury or o

Physician /Medical Examiner

Box 68760,

Division of Vital Records, P.O.

The law requires that tha deeth certificate be executed physician s the bune deteched peeu has certificata or Attanding Physician: this After death. n 24 hours after death.

• Funeral Director: A pletely filled in by the fi within 2

/Medical 4a. Facility Name (If not institution, giva street and number) Examiner WASHINGTON COUNTY HOSPITAL 5. Social Security Number 6. Sex 1**X** M 2□ F 219-36-2594 Usual Rasidance of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic avent, the Medical Examinar must be notified at 1 ☐ Yes 2 No Director **BOONSBORO** MARYLAND WASHINGTON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21271 MT. LENA ROAD 21713 Funerai U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dales: Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: þ Specify 3 X Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working iffe. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8 TRUCK DRIVER CEMENT BLOCK COMPANY 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Be 2 DANIEL FREDERICK DEATRICH ESTELLA MARY KISER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurei Route Number, City or Town, Stete, Zip Code) 21273 MT. LENA ROAD, BOONSBORO, MARYLAND ELLEN M. GREEN 21713 other t 20b. Plece of Disposition (Name of cematary, cremetory or other pieca) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burlal 2 □ Cramation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 3/8/96 CEDAR LAWN MEM. PARK HAGERSTOWN, MARYLAND 21. Signature of Funeral Servica Licensee 22. Nama and Address of Facility 7606 Old National Pike Paul M. Dean BAST FUNERAL HOME Boonsboro, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximeta Interval Between Onset and Death disease with asystole Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequenca of): Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of causa of deeth? 24a. Was en autopsy performed? Completed 2 1 No 25. Was case referred to medical Be 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be delemined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the ceuse(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) who completed cause of death (Item 23a) (Type, Print) . L. Uslar

State Registrar Date filed (Month, Dey, Year)

use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MENTAL	HYGIEN REG. NO.				0 ,			
- 8	1. DECEOENT'S NAME (First, Middle, Last)						OF DEATH			IME OF OEAT	ГН			
- 1	Russell Ward	Deaner				Feb		1996	EAR 12	2:15	ам			
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	n yrs. lest birthday	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE O	E BIRTH		_	E (State or Fo	oreian			
	210-01-1241	1 ₪ M 2 🗆 F 76	YAS.	MONTHS DAY	TO THE MAN	Apri	Day, Year) 1 26,	Country)	aware					
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOV	WN OR LOCATION OF	DEATH		9c. COUNT	OF OEATH					
DIRECTOR	The Pines			East	ton		Talbot							
	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR LO	CATION				10d.	INSIDE CITY	,			
8	Maryland Card	oline		reensbo	oro			1	LIMITS?	NO				
	10e. STREET AND NUMBER				10f. ZIP CODE			N OF WHAT						
FUNERAL	26460 Boyce Mill 1	Road			21639		U.S.A.							
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS	DECENDENT OF HISP	ANIC ORIGIN?	(Specify Yea	or No — 14. RACE — American Indian,			en,			
BY F	1 Never Married 2 15 Married 3 Widowed 4 Divorced	FORCES? 1 X YES			yes 24 NO Spe	xican, Puerto Rican, etc.) Black, White, etc.								
	15. OECEOENT'S EDUCA	TION	18a DECEDENT	EDENT'S USUAL OCCUPATION			KIND OF BUI	lemises many		mile				
COMPLETED	(Specify only highest grade co	ompleted)	(Give kind o	work done during	g most of working	100.	16b. KIND OF BUSINESS/INDUSTRY							
ا ت		College (1-4 or 5+)		,				7.						
ž	11 grad.		farme	r				ltry						
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S									
BE	Earl Deaner					ret A.								
2	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Run									
- 1	Marie H. Deaner 26460 Boyce Mill Road Greensboro, MD 21639													
	20s. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cematory or other place)													
	4 Donellon 5 Other (Specify) Eastern Shore Vet Cm 2/15 Hurlock, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Fleegle-Helfenbein Funeral Home P.O. Roy 160 Greenshore MD 21639													
- 0	Tio. Box 100 Greensboro, Ind 21039													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between													
	disease or condition													
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Image: A consequence of the condition of th													
Z	Sequentially list conditions a Subdural Rematoma													
CERTIFICATION	If any, leading to immediate													
2	cause. Enter UNDERLYING CAUSE (Disease or Injury													
#	that initiated eventa OUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) LAST													
ER	d.													
	PART ii. Other algnificant conditions	contributing to death be	ut not reauiting	in the under	iving cause given	in Part I	24a WAS AN	AUTOPSY	T 24h WEB	E AUTOPSY E	INDINGS			
8	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions cause given in Part I. Part II. Other algnificant conditions cause given in Part I. Part II. Other algnificant conditions cause given in Part I. Part II. Other algnificant conditions cause given in Part I. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part													
	Daniel de	1/10000/					1 TYES 2	NO		DEATH?	WHO DE			
Σ	Parkinson's disease													
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
5	25. WAS CASE REFERRED TO MEDICAL EXAM/NER?	HOSPITAL:	26. PLACE OF DE	OTHER:	one)				<u> </u>					
S		1 Inpatient 2 II ER/Outpo	etlant 3 🗆 DOA		Home 5 🗆 Raeldeno	e 6 🗆 Other	(Specify)							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. T	IME OF 28c	INJURY AT WORK?	28d. OEŞCRIBE HOW INJURY OCCURED								
BY	1 Natural 5 Pending Accident Investigation	10.11.95	~ 2	1 MARGE	YES 2 NO	FEL	L-5U	STAINE	D SUB	DURAL	1.			
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm	, atreet, fectory,	offica	28f. LOCA	TION (Street a	and Number or						
TED	4 Homicide detarmined	among, we jobec				слу о	r Town, State)							
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowl	edge death one	read at the time	data and place, and d	tue to the earn	an/a) a=4 ==							
MP	one)									manner er a	ntstad			
8	2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner se stated.													
BE	296. SIGNATURE AND TITLE OF THE SIGNED (Month, Day, Veer) 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Veer)													
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH STEM OF C	no Orient	NC	シナン		- 2	.17.	10				

CAUSE OF DEATH (ITEM 27) (Type, Priot) 31. OATE FILED (Month, Day, Year)
FEB 14 '96 MD 508 Id.
32. REGISTRAN'S SIGNATURE
YUNA DAVIDSON-Randall

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

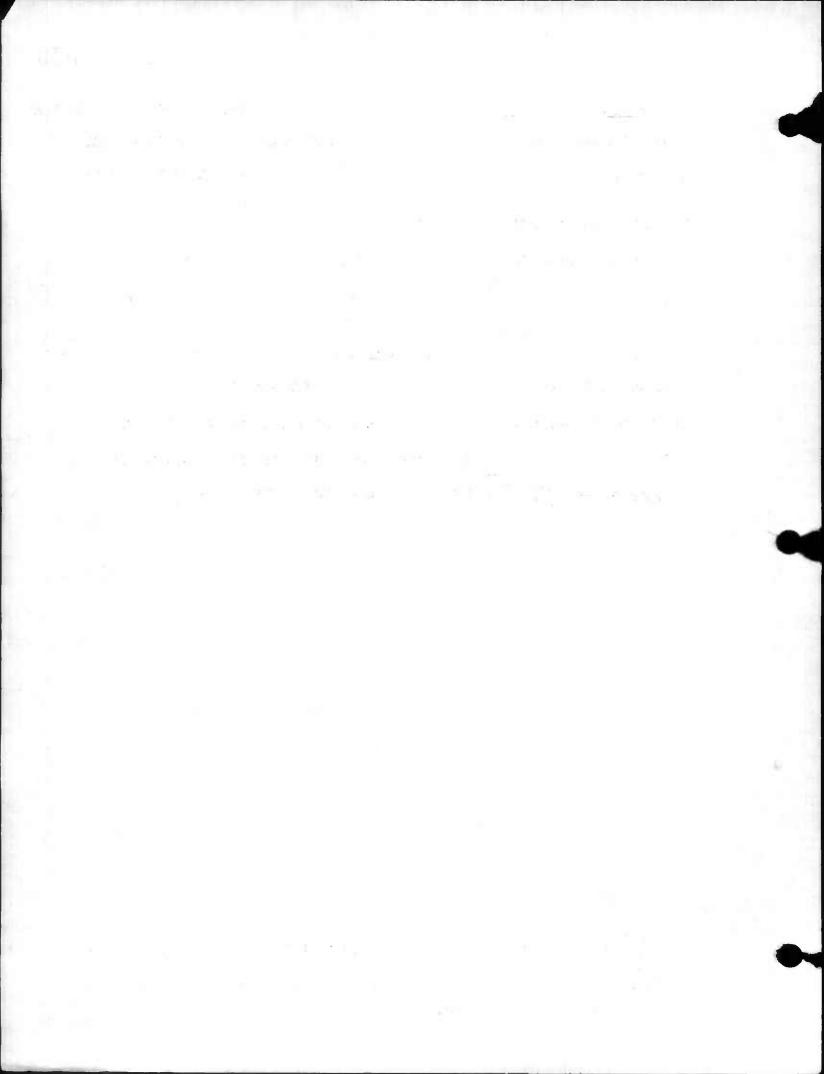
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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y	Physici /Medi		CHARLOTT	E E. DOWNS							Month FEB. 2	Day 8 1996	Yeer	3. Time of Death 12:50 am			
	Examir	ner		4a. Facility Nama (If not institution, give street and number)						Fown, or Lo	ocation of Deat	h 4c. Cou	nty of Death				
			451 MILL SWA	AMP ROAD							E ARUNDEL						
	Funeral		CHARLOTTE E. DOWNS CHARLOTTE E. DOWNS CHARLOTTE E. DOWNS A Facility Name (Find interations) with amount annothment of the Copy Town, Country (Country Observed and number) 4.5 Int. J. SNAMP ROAD S. Social Security Number 1.0 Int. SNAMP ROAD S. Social Security Number 1.0 Int. SNAMP ROAD 1.0 Country 1.0 Count	9. Birth	placa (Stata or Foreign												
_	Director																
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	Mental Mental or mrked or mrtic eve	CHARLOTTE E. DOWNS 4a. Facility Nama (If not institution, give street and number) 451 MILL SWAMP ROAD 5. Social Security Number 6. Sex 1 M 2 F 7. Ag 1 M 2 F 8 M 2 F 8 M 2 F 8 M 2 M 2 F 8 M 2 F 8 M 2 M 2 F 8 M 2 M 2 F 8 M 2 M 2 F 8 M 2 M 2 M 2 F 8 M 2 M 2 M 2 M 2 M 9 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M 1 M 2 M 2 M 2 M 2 M								, maideri darii	orray						
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maryland	200		19a. informant's Name/Ralation	nship (Type, Print)		19b.	Mailing	Addrass (Stre	et and Num	ber or Run	al Routa Numb	er, City or Tov	m, State, Zi	p Code)			
	f Haalth Hem 27 other tr		GLADYS DOWNS ((DAUGHTER)					MP RO	AD EI	GEWATE	R, MD.	21037				
OLE	T of H			a □B		b. Place of E cematary,	Disposit , creme	ion (Name of tory or other p	lece)	1	Dete	20c. Locatio	n - City or T	own, Stete			
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baitimore,	permit. Peges Department of Important: If It eny Injury or o		21. Signature of Funaral Sarvica Licansee 22. Name end Addrass of Facility														
			821 WEST ST. ANNAPOLIS, MD. 21401														
~	Physician		ahock, or heert failura. List only one ceuse on eech lina. Intarvat Batween Onsat and Death											Approximata intervat Batween Onsat and Death			
V.	/Medical Examiner		disaasa or condition									HOURS					
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SIAIS	l or Attending after death. Director: After I in by the fune	ertific	determined 28e. Placa of Injury - At home, ferm, straat, fectory, offica 28f. Location (Street end Number								mber or Rur	ral Routa Number,					
	To the Hospital or Attending Phwithin 24 hours after death. To the Funeral Director: After the completely filled in by the funeral												stated. to the cause(s)				
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH		NTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) Rita T. DOS CH	ner			DATE OF DEATH MONTH DAY	001	996	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 068-01-2155	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YE		MIN	DATE OF BIRTH (Month, Day, Year) une 27 19		8. BIRTH	PLACE (State or Foreign	
		9e. FACILITY NAME (If not institution, give street and number)					une 27 19		NTY OF DI		
OR	Anne Arundel Medi		Ar	napoli	s	Anne Arundel					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY	
6	New York Westch	ester		Yo	nkers					1 X YES 2 NO	
3AL	10e. STREET AND NUMBER				10f. ZIP CODE					211-22-21-21	
FUNERAL	541 Bronx River R	oad 12. WAS DECEDENT EVER II				704					
BY FU	1 Never Merried 2 Married 3XXWidowed 4 Divorced	FORCES? 1 YES	XXNO	If yes				or No—	Black	, White, etc. y:	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S	USUAL OCCUI	PATION g most of working	7	16b. KIND OF BUS	INESS/INC	DUSTRY	WILLEC	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOI u	se retired.)			1100	72			
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		поше	emaker	18. MOTH	ER'S NAME (L				
ш	Frank LaScalea		18. MOTHER'S NAME (First, Middle, Meiden Surneme) Mabel (unknown) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1 Maybrook Circle Bronxville, New Yor								
10 B	19e, INFORMANT'S NAME (Type/Print)										
-	Dwight Doscher					cle	10g. CITIZEN OF WHAT COUNTRY? United States				
	1V Buriel 2 Crametion 3 Removal from State										
	21. SIGNATURE OF FUNERAL SERVICE LIC		/ /								
	trislol &.	Juy Yor		147	Duke o	f Glo	ucester S	St. A	nnap		
NO	23. PART I. Enter ine diseases, or c shock, Dr heart feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate	ist Dnly offe cause on e	A contribution of	+ Fo	tilur	e (L	elt Vent	VICU	lar	Approximate interval Between Onset and Death	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	it ra	I Vo	lve	Ussea	00			
PHYSICIAN: MEDICAL	PART II. Other algoriticent conditions	contributing to death t	but not resulting	in the under	lying ceuse g	iven in Par	PERFORMED? 1 VES 2 NO COMPLETION OF CAUS OF DEATH?				
N.	DID TOBACCO USE CONTR	IBUTE TO CAUSE C		ES NC	A	ERTAIN				- 1	
Sice	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VNO	HOSPITAL:	26. PLACE OF DEA	OTHER:		4.551					
	27. MANNER OF DEATH 1 Natural 5 Pending	26b. TIP	IE OF 200 JURY	Home 5 Re	-		HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm,	atreet, factory,	office	26	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PE	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	viedge, death occur	red at the time,	date end place,	end due to t	the cause(e) end man	iner ee sta	ted.		
COMPLETE	0.000)	R: On the besie of examination	on and/or investigati	on, in my opini	on, death occur	ed at the time	e, date and place, en	d due to ti	he ceuse(e) end menner ee stated.	
BE	DELLE STATE OF CERTIFIE	Derlander	m		D/	465	3	29d, DAT	SIGNED	(Month, Day, Year)	
임	Arnold G. A	lexande	EATH (ITEM 27) (Typ)	1300	Ritchi	e Hu	wy An	nofo	Ma	21012	
	31. DATE FILED (Month, Day, Year) MAD 0 7 1996	32. REGISTRAR'S SIGN	Randell								

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Day 28 1995 **Physician** February Frank X Derwin 3:15 AM /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 600 McKinsey Park Drive 205 Apt. Severna Park Anne Arundel If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 1□XM 2□ F Yrs. Director 067-12-8247 January 24, 1914 New York Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic avent, the Medical Exercitor must be notified at other. 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No Directo Maryland Anne Arundel Severna Park 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 600 McKinsey Park Drive 205 21146 U.S.A. Apt by Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - American Indisn, Biack, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) Retired President Ship Builders Unio 12+ 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Peter Derwin Mary O'Farrell 19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Mr. Frank Derwin 216 Rock Ridge Rd. Millersville, MD 21108 20b. Placa of Disposition (Name of cematary, cramatory or other piece) 20c. Location - City or Town, State MD 20a. Mathod of Disposition Data ty Burial 2 ☐ Cramation 3 ☐ Removel from Stata Our Lady Of The Fields Cem 3-2-96 Millersville, Signature of Fungral Service Comse 22. Nama and Addrass of Facility Barranco & Sons Funeral Home 495 Ritchie Hwy. Severna Pk, MD 21146 Do not anter tha moda of dying, such as cardiac or raspiratory arrest, Approximete intarvsl Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical CARCET Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as e consequance of): physician a the burtal Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as e consequance of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco uss contributs to the cause of death? been signed by should be detac 1 Yss 2 No 3 Probably 4 Unknown þ Completed 24b. Wara sutopsy findings available prior to 24a. Was an eutopsy completion of cause of death? 1 Yes 2 NO 1 ☐ Yas 2 ☐ No certificate Be 25. Wes casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4□ Nursing Home 5□ Residence 8 □ Othar (Specify) 2 1 Yas 2 No this 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred After 1 Natural 5 Panding s after death. 1 Yas 2 No invastigation 2 Accident 6 Could not ba determined 3 Suicida 28a. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by 4 Homicide within 24 hours a
To the Funeral C
completely filled TCertifying Physician: To tha best of my knowledge, daeth occurred at the tima, deta and place, and dua to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier Medical å ‡ 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Date signed (Month, Day, Year) .OV2 044157 Ben 30. Name and addrass of person complated causa of daath (Item 23e) (Type, Print) 809 Veirs mill Road, Rockville, maryland IRA BEYER M.D. 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State A his Davidson Randall MAR 0 6 1996 Registrar

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 95

		Decedent's Neme (First, Middle, L.	ast)			rtificate (Douin		2. Dete of De	Reg. No.		3. Time of Deeth		
Physic			Rena	Han	na	Eng	.e		Feb.	5 ^{Dey} 199	6 Year	9:00 A		
/Med Exami		4a. Facility Neme (If not institution, gr		,			4b. City, Tov		cation of Deet		ty of Deeth			
		Memorial Ho	spital a	at East	on		Eas			T	albo	t		
Funeral Director		5. Social Security Number 217-36-1184 7. Age (In yrs. last birthday) 86 Yrs. 86 Yrs. 8 Dete of Birth Months Deys Hours Min. 8 Dete of Birth Months Deys Hours Min. 8 Dete of Birth Months Deys Hours Min. 9 March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								9. Birthi Cour Mar	plece (State or Forei ptry) yland			
yland											Od. Inside City Limi			
Sa-fa	Director	MD Caroline Preston								1 Yes 2				
ter death with the Marylar flems 23e or 28e-f show fret must be notified at	rai Dire	10e. Street end Number 10f. Zip Code 21104 Tanyard Road 21655								10g. Citizen of Whet Country? United States				
al', or	by Funeral	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	Wes Decedent of Hispanic Origin? (Specify Yes of fees, specify Cuben, Mexican, Puerto Rican, etc 1 ☐ Yes 2 ☑ No Specify:					ite						
72	Completed	15. Decedent's E (Specify only highest ga	166	16e. Decedent's Usuei Occupetion (Give kind of work done during most of workin life. DO NOT use retired)					ing 16b. Kind of Business/Industry					
within and	d m	Elementery/Secondery (0-12)	College (1-4or 5+)			e. DO NOT use retired) Poultry Farmer					ltry-Broiler			
H P		17. Fether's Neme (First, Middle, Las	t)	1					(First, Middle, Malden Surname)					
A P P S	To Be	R	ichard W	. Engl	e		Eff	ie	Secri	erist				
		19e. Informent's Neme/Reletionship	(Type, Print)	19	b. Meilir	ng Address (St	eet and Number	r or Rura	/ Route Numb	er, City or Tow	n, State, Zip	Code)		
C = 0 =		Lee R. Engle/	Brother					d.,	Pres	ton, MD 21655				
or or		20a. Method of Disposition 13 Buriel 2 ☐ Cremetion 3 0 4 ☐ Donetion 5 ☐ Other (Special Content of the Conten		emovel from Stete 20b. Piece of Disposition (Name of cametery, crematory or other place) Junior Order Cem.					Dete /8	20c. Location - City or Town, State Preston, Maryla				
permit. Pa Departmer Important: any injury once.		21. Signeture of Funerel Service Licensee 22. Name and Address of Facility Framptom-Hawkins-Eskow Funeral Home P. O. Boy 43. Federal Shurg. MD 21632												
		23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line.												
Physician /Medical Examiner		Immediate Cause (Finet disease or condition resulting in death) e. MyDCARDIAL INFARCTON Due to (or es a consequence of): DN4STANDING HYPGRFENSION										Onset end Death		
100	<u>ē</u>	Due to (or es e consequence of):												
cuted nd rensit	Examiner	Sequentially tist conditions. Due to (or es e consequence of):									1			
ificate be executed g physicien end es the burial-trensit	a Ex	Ceuse (Disease or Injury that initiated events Due to (or es e consequence of):												
	/Medical													
thet the death cert ed by the ettendin detached for use	Physician/W	Ped II Other significant conditions contributing to death but not socialize in the undertaken as a second in a sec										. 41		
thet the c ed by the detacher	hys	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.								id tobacco use contribute to the cause of de ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unk				
8 58	by P										-	,		
s been 2 shoul	Completed								24e. Wes	an autopsy ormed?	ev	ere autopsy finding ailable prior to impletion of cause deeth?		
The ate h	S								1 🗆	Yes 2 No	10	□Yes 2□No		
ysician: The is certificate director, pag	Be	25. Wes case referred to medical examiner?	Hannitali					of Death	(Check only	one)				
S w D		P 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Sp												
Attending in deeth. Ctor: After by the fune	tion									ineu				
or Attending after deeth. Director: After d in by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number or Town, State)										al Route Number,		
To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edicai	29e. Certifler (Check only one) 1 Certifying P 2 Medical Exa	hysician: To the bes miner: On the basis end menner s	of examinetion er	e, deeth	occurred et the vestigetion, in r	e time, dete end by opinion, death	l piece, a	and due to the ad et the time,	cause(s) end r dete and pleca	nenner es s a, end due t	itated. the cause(s)		
To the Within To the	X	29b. Signeture and title of certifier		1		29c. Lic	ense number			29d. Date sign				
-		Susse	the	de	1-	- 1	2331	62	_	2.0	5.9	6		
		30. Neme and address of person who	completed cause of	deeth (Item 23a)	(Type,	Print)								
		Scott Friedma 31. Dete filed (Month, Day, Year)	an, M.D.	403 N	iary	vel Co	urt, E	ast	on, M	D 2160	1			

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedani'a Name (First, Middla, Last) JEANETTE LOUISE HART FISHER 2. Date of Deeth 3. Time of Death Month **Physician** FISHER JEANETTE. MARCH 9th 1996 8:00 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner PHYSICIANS MEMORIAL HOSPITAL LAPLATA CHARLES 5. Social Security Number If Undar 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (Steta or Foraign **Funeral** 1□M 2፟DF Months Min. Days Hours Yrs MARYLAND Director 219-42-2937 52 16, 1943 Usual Rasidance of Dacedant the Maryland 10a. Steta 10c. City, Town or Location 10b. County 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Med cal Examiner invest be notified at 1 Yas 2 1 No Director MARYLAND CHARLES BRYANS ROAD 10e. Street and Number 10f. Zin Coda 10g. Citizen of What Country? death with #6 G HAMPTON COURT/P.O. BOX #832 20616 UNITED STATES Funeral Wes Decedent Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, permit. Pages 1 and 2 ahould be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumant. Black, White, etc. 1 Nevar Merried 2 Married 1 ☐ Yas 2 ♠ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2KMo Specify: þ 3 ☐ Widowed ♣ XDivorced BLACK Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilage (1-4or 5+) 12TH GRADE DRIVERS EDUCATION INSTRUCTOR EDUCATION 17. Father's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Sumama) Be RANDOLPH HART MARY LOUISE HAWKINS HART 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) CRYSTAL Q. CLARK/DAUGHTER P.O. BOX #748 BRYANS ROAD, MARYLAND 20616 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata XI Buriai 2 □ Cremation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) CHARLES CEMETERY 3/15/96 GLYMONT, MARYLAND 21. Significance of Funeral Sarvica Licansee Thornton Funeral Home, P.A.
THORNTON FUNERAL HOME, P.A.
THORNTON FUNERAL HOME, P.A.
THORNTON FUNERAL HOME, P.A.
THORNTON FORESTON ROAD, INDIAN HEAD, MD. 20640

Approximate Interval Between Interval B Approximete Interval Between Onset and Death Physician /Medical Immediete Ceusa (Final disaasa or condition rasulting in death) LUNG CANCER MONTH Examiner Dua to (or as a consequance of) Examiner attending physician and for use as the burial-transit that the death certificate be axecuted Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disaase or injury that Initieted evants resulting In death) Last Dua to (or es a consequance of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Š 1 Yes 2 No 3 Probably 4 Unknown signed t RENAL by 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Wes an autopsy performed? Completed peeu page 2 s has 1 Yas 2 No certificate 1 □ Yes 2 □ No To the Hospital or Attending Phyalcian: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be 25. Was casa refarred to medical axaminar? 26. Place of Death (Check only one) Hospital: 1 ☑ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Tas 2 No Medical Certification: To 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 8 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Piece of Injury - At homa, ferm, straat, factory, office building, etc. (Specify) 4 Homicide 29e. Certifiar 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the besis of axamination end/or invastigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner steted. 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. License number nmane D26064 30. Neme and eddrass of person who completed cause of deeth (item 23e) (Type, Print) Route 5 & Golden Beach Road P.O. Box 282 Charlotte Hall, MD 20622 Vidyasagar Anmangandla,MD

32. Registrar's Signature

State Registrar 31. Date filed (Month, Day, Year) MAR 1 2 1996

II I II PARE

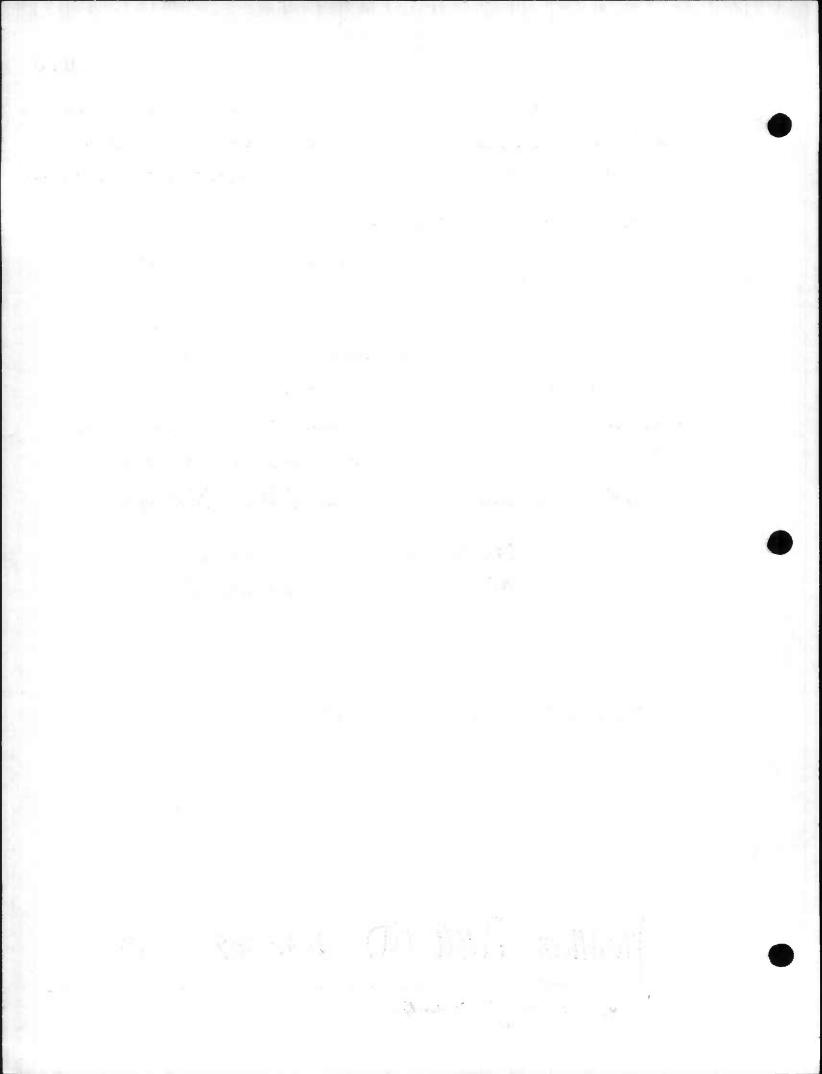
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3 Time of Death Month **Physician** Olga Marion Frezzo March 3, 1996 10:40 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** RAndolph HIlls Nursing Home Silver Spring Montgomery If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) **Funerai** 1 □ M 2 🕱 F 060-01-8120 Yrs. Director 86 Sept. 27,1909 Massachusetts Usual Rasidance of Dacedant the Maryland 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Directo Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1515 Dunster Road Funeral 20854 USA 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian. Biack, Whita, atc. hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: à 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry filed within 72 Hygiene. Ther then Elemantery/Secondary (0-12) Collega (1-4or 5+) Bookkeeper Paving Company permit, Pages 1 and 2 should be fits.
Department of Health and Mental Hy important; If flom 27 is marked othe any injury or other treument. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) å Angelo Cristiani 2 Vincenzina Rocano 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ronald Frezzo 712 Tanley Road, Silver Spring, Maryland 20904 20b. Placa of Disposition (Nama of cematery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 □ Donation 5 □ Othar (Specify) Holy Sepulchre Cemetery 3/9/96 New Rochelle, New York of Funarai Sarvice Licensaa 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, Chipak MD 20901 23a. Pani. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart failure. List only one cause on each line. Approximata Intarvai Between Onsat and Death **Physician** CONGESTIVE HEART PAILURE immediate Cause (Final disease or condition resulting in death) /Medical Examiner ACUTE RENAL FAILURE Examiner burial-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated events rasulting in daath) Last requires that the death certificate be execu physician s the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 88 for use as Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? CARPIOMYOPATHY 1 ☐ Yee 2 Probably 4 ☐ Unknown signed by à 8 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en autopsy performed? The law page 2 s certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Was casa rafarred to medical 26. Pleca of Death (Check only ona) Othar: Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred 5 Panding invastigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarmined 28a. Piace of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end piece, and due to the cause(s) end menner as stated.
2 Medicat Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at tha time, dete and place, and due to the cause(s) and mannar statad. 29a. Cartifiar Medical (Chec one) 29c. License number D 3 8 589 29b. Signature and titla of certifiar 29d. Data signed (Month, Day, Year) 30. Neme and address of person who completed causa of death (Item 23a) (Type, Print) Jonathan S. Plotsky M.D. 15225 Shady Grove Rd., Suite 207, Rockville, MD 20852 31. Data Med (Month, Day, Year) MAR 06 1996 32. Registrar's Signatura State

DHMH 16 Rev 6/95

Registrar



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle,	,				2. DATE OF DEATH		3. TIME OF DEATH
RICHARD JA	COB FLESS				FEBRUARY		96 5:55 PM
4. SOCIAL SECURITY NUMBER	1000		F UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
355-90-8689		68 YRS.	MINS DAYS	HOURS MIN,		,1927	YUGOSLAVIA
Ba. FACILITY NAME (If not institution,			b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH
N. I. H (CLINICAL CENTE	R	BETH	ESDA		MON	VIGOMERY
10s. STATE 10b. C	OUNTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
N. I. H. — (RESIDENCE OF DECEDEN 100. STATE 10b. CO	COOK		CHICAG	0			LIMITS?
				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
4222 W. C	LENLAKE			60646	5		ANADA
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specity)		RACE — American Indian,
1 Never Married 2 M Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			city Cuban, Maxica 2 NO Specif	rr, Puerto Rican, atc.)		Black, Whits, etc. Specify:
			<u> </u>				WHITE
15. DECEDENT'S (Specify only highest	i EDUCATION grade completed)	16a. DECEDENT'S US	k done during mo.	N st of working	16b. KIND OF B	USINESS/INDUST	TRY
15. DECEDENT: (Specify only highest (Specify only highest Elementary/Secondary (0-12) 12. FATHER'S NAME (First, Middle, La:	College (1-4 or 5+)	Ille. Do NOT use re				20.00	
17. FATHER'S NAME (First, Middle, Las	all.	PLUI	MBER			PLUMBIN	iG
	FLESS			16. MOTHER'S NA	ME (First, Middle, Maide		
19a INFORMANT'S NAME (Brow/Print)		19h MAII ING AD	DOESS (Street o	ad Mumbas as Shual	ANNA Route Number, City or R	BRANDE	
	ER-FLESS	SAME				own, state, zip Coo	10)
20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF C		TEM #10		OCATION — City	or Town State
1 Donation 6 Other (Specify)	Removal from State C6	metery, cremetory or other CHAMBERS CF	place)		2/29		
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	OILHAMISTO CI	7	D ADDRESS OF FA		TIVERD	ALE, MD.
>21/11/1	En al wall	/					
23 PART i Fotor the diseases	willed	M00091	W. W.	CHAMBER	S CO., RI	VERDALE	, MD. 20737
23. PART i. Enter the diseases shock, or heart fail	iure. List only one cause on	each iine.	entar the mo	da of dying, suc	h aa cardiac or rea	piratory arrest,	Approximata interval Between
iMMEDIATE CAUSE (Final disease or condition	Δ	or		^			Onset and Daati
resulting in death)	a. ANUISIE CO DUE TO (OR AS	+ Ir FELLO	LVON	CAH			15"
.1							UNK.
Sequentially list conditions, if any, is ading to immediate	b. MAUGMANT DUE TO (OR AS	A CONSEQUENCE OF):	0/1.				UNNI
cause. Enter UNDERLYING							İ
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d						
-1 U -01 - 11 - 11	fitions contributing to death	but not resulting in t	he melestrine	anne de la la la la la la la la la la la la la	Daniel Lauren		
	miliona contributing to death	but not rasulting in t	na undariying	cause given in	Part I. 24a, WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					1 X YES	2 🗍 NO	OF DEATH?
DID TORACCO HEE CO	ANTENDUTE TO CALLES	OF DEATH WES					1 TYES 2 NO
DID TOBACCO USE CO		26. PLACE OF DEATH		UNCERTAIL	<u> </u>		
EXAMINER?	HOSPITAL:	0	THER:				
1 YES 2 NO	1 Trinpatient 2 ER/Out 28s. DATE OF INJURY				6 Other (Specify)		
1 🔀 Netural 5 🗌 Pending	(Month, Day, Year)	INJURY	Y WO	RK?	28d. OESCRIBE HOW	INJURY OCCURE	iD.
	280 PLACE OF IN HID	IY — At home, term, stree			28t, LOCATION (Stree	Land Number or C	Puret Doub Mumber
4 Homicide determin	building, etc. (Sp.	ecify)	or, ractory, orner		City or Town, Stal	(SING NUMBER OF H	urai riouta number,
29a. CERTIFIER	1						
	IAN: To the best of my know						
7	NER On the basis of examination	on snow investigation, i	n my opinion, o	ath occured at the	time, data and placs,	and dus to the ca	use(a) and menner as stated.
29b. SIGNATURE AND TITLE OF	POPIER			29c. LICENSE NUM	ABER		ONED (Month, Day, Year)
20 NAME AND CORRESPONDED				D47317		▶ 02-	29-96
30. NAME AND ADDRESS OF PERSO				DIVE	EMILEOD 4	MADZII AZ	20000
PETER C. WU 31. DATE FILED (Month, Day, Year)			KVILLE	PIKE, B	ETHESDA,	MAKYLAN.	0 20892
	32. REGISTRAR'S SIG						
MAR 04	446 Selve Demo	bookadak					

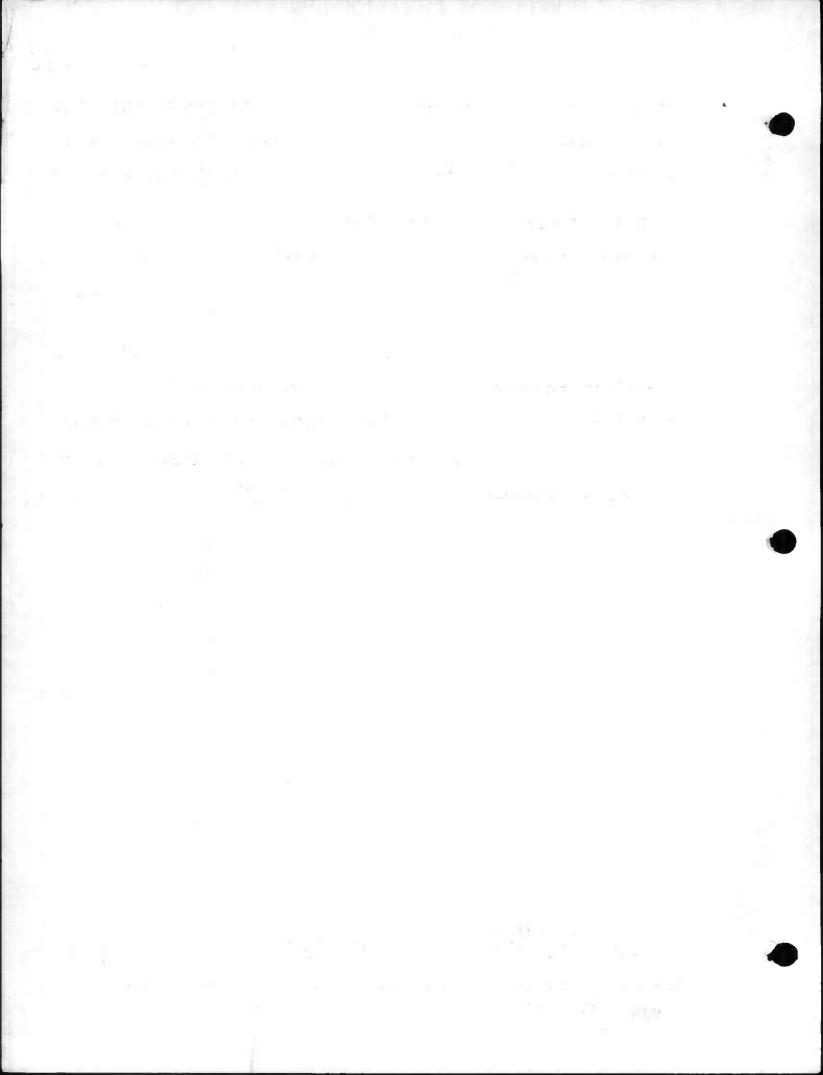
e = ·-

Amended #5, 3/5/96, State of Maryland / Department of Health and Mental Hygiene MRT, Montg. Ct Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Deeth ^{Day} 28, 1996 Physician Month Chappelear February Ethe 1 Flanagan 9:30 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Adelphi Hill Haven Nursing Home Prince Georges If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Months Deya Hours Min. (Month, Day, Year) 5. Social Security Number 00 7. Aga (In yrs. last birthday) Birthpiace (Stata or Foreign Country) **Funeral** 1 M 2 XF Yrs. Director 579-56-2835 84 Nov. 21, 1911 Washington, DC Usual Rasidance of Dacedant 10e. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f sh notified 1 TYAS 2₹ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? mast be r 14400 Homecrest Road 20906 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Giva Yaar or Datas: Wes Decedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Maxican, Puarto Rican, etc.) Rece - Amarican Indian, Black, White, etc. 11. Maritai Stetus Pages 1 and 2 should be filed within 72 hours after near of Health and Mental Hygiene.

ant: If item 27 is marked other than "netural", or ite 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White À Specify: 3 NWidowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grada complated) 18a. Decedant's Uauai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) College (1-4or 5+) Clerk 12 Federal Government 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be James Albert Chappelear Ethel Ray Lacey 19a. informent's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Sharon F. Heavey 14306 Park Manor Terrace, Rockville, MD 20853 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ⊠Burial 2 □ Cramation 3 □ Ramovei from Stata Department of Important: If any injury or 4 ☐ Donation 5 ☐ Othar (Specify) Gate of Heaven Cemetery 3/4/96 Silver Spring, MD ture of Funarei Service Licensaa 22. Nema and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W., Silver Spring, MD 20901 23a. Part I Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shook or heart failure. List only one cause on each line. Approximete Intarval Between Onset and Deeth Physician /Medical immediata Causa (Final ereprovoscular Accident disease or condition resulting in death) **Examiner** Due to (or es a consequance of): or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediata causa. Entar Underlying Cause (Disease or injury thal initiated events resulting in death) Last use as the buriel-tran Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, ettending physician I for use as the burie Physician/Medical Dua to (or as a consequence of). Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? ate hes been signed by the page 2 should be detached 1 Yes 2 No 3 Probably 4 Unknown ρ 24b. Wara autopsy findings available prior to completion of cause of daath? Be Completed 24a. Was an autopsy performed? After this certificate 1 Yas 2 No 1 ☐ Yea 2 ☐ 100 25. Wes case rafarred to medicei 26. Plece of Death (Check only ona) exeminer? To the Hospital or Attenton within 24 hours after death.

To the Funeral Director. After this contains the funeral of the funeral director and the funeral director. 1 Yas 2 No Other: 4 Aursing Homa 5 Residence 6 Other (Specify) 2 1 inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mennar of Deeth 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Pertifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and dua to the cause(s) and mannar stated. 29e. Certifian Medicai one) 29b. Signatuta and titla of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 30. Nama and addrass of person who completed ceusa of deeth (Itam 23a) (Type, Print) 11251 Lockwood Drive, Silver Spring, MD 20901 M.D. Pamela_M. Mulshine July 3 Hambur Ram 31. Data filed (Month, Pay, Year)
MAR 01 1996 State Registrar **DHMH 16 Rev 6/95**

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96 08076

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CER	TIFIC	ATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	OF DEATH	}_	YEAR	3. TIME OF DEATH	-
	Mary Emily FUNK				.2.		2	16	307	Am
			UNDER t YEAR NTHE DAYS	HOURS MIN.	7. DATE O (Month, Aug.	Day, Ybar 19		Wes	PLACE (State or Ford Virgin	ia ia
OR	90. FACILITY NAME (If not institution, give street and number) Homewood Retirement Center	9b.		amsport	EATH		9c. COUNT		eath gton	
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		OWN OR LOCATI					=		
DIRECTOR	Maryland Washington		gerstow						10d. INSIDE CITY LIMITS? 12 YES 2 N	10
FUNERAL	230 Alexander Street		101.	21740			_	.S.A	THAT COUNTRY?	
ВХ	11. MARITAL STATUS 1	٥		ENDENT OF HISPA city Cuben, Mexico 2 1 NO Specia	an, Puerto Ri		or No 1	Black	- American Indien White, etc. y: White	i,
COMPLETED	(Specify only highest grade completed) (Give I Elementary/Secondary (0-12) College (1-4 or 5+)	kind of work NOT use ret			16b,	KIND OF BUS				
MP		aitre	ess			resta				
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles Semore Iman			18. MOTHER'S NA		odle, Meiden S Whe	,			
10				Street,					and 217	40
	20e, METHOO OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Cedar			al Park	3-5-		ation — ci		wn, State , Maryla	nd
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ADDRESS OF FA					1 Home	
	200 MMinnes	1			n Blvd	l., Ha	gerst	own	, MD 217	40
	23. PART i. Enter the diseases, or complications that caused the deeth shock, or heart failure. List pniy pipe cause pn each line. IMMEDIATE CAUSE (Final disease pr condition resulting in death)		-	le of dying, suc		sc or respir	atory arres	st,	Approximatinterval Bet Onset and	tween
-	QUE TO (OR AS A CONSEQUE		TAGE						11.14	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		0=	Depon 10	115-0	R			7 40	P
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		U' V	eclou	n er	7			CVILL	2
CE	d.								1	
DICAL	PART II. Other aignificant conditions contributing to death but not resu	ulting in th	he underlying	cause given in		24a. WAS AN A PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	0
I. ME	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF [DEATH V	ES I N	0 14				t TYES 2 NO	,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLJ	CE OF DEATH (C))				
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3	DOA 4		5 🗌 Residence	6 Other	(Specify)				
ву Рн	27. MANNER OF DEATH t Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	8b. TIME OF INJURY		IK?	28d. DESC	RIBE HOW IN	JURY OCCU	RED		
10	3 Suicide 6 Could not be determined 25e. PLACE OF INJURY — At home, building, etc. (Specify)	ferm, street	et, fectory, office		261. LOCAT	TION (Street ar Town, State)	nd Number or	Rural R	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death one)									
8	2 MEDICAL EXAMINER: On the beele of examination and/or inve	atigation, in	n my opinion, de	ath occured at the	time, data e	nd place, end	due to the	cause(e)	end manner ee sta	ted.
TO BE	296. SIGNATURE OF CERTIFIED WENCEN DO	nex	The	29c. LICENSE NU	MBER 106	7	29d. DATE S	SIGNED	(Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27	n) (Type, Print	0 11	in 704-	A	1/1- 7	Hari	100	aun lu	$\overline{\ }$
	31. DATE (INC) (Month, Day 17) 32. REGISORAR'S SANATURE	/ (///	THOM	/ / /	-	11/00	410	and in	ر

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

0704

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month William February 28 1996 Ray Frazier 7:40PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Corsica Hills Center, Genesis Elder Care Centreville Kent If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** 10XM 2□ F Director 235-28-6799 April 24 1920 West Virginia Usual Residence of Decedent Peges 1 and 2 should be filed within 72 hours after deeth with the Meryland nent of Health end Mentel Hygiene. Int: If Ikem 27 is marked other than "natural", or Ikems 23a or 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits event, the Medical Examiner must be notified at 1 □ Yes 2 N No Director Queen Anne's MD Stevensville 10e. Street end Number 10g. Citizen of Whet Country? 306 Bay City Road 21666 United States Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
MXYes 2 No
If Yes, Give
Yeer or Detes1942-1970 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐XNo Specify: Specify: White Š 3√√Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Soldier, Professional U.S. Army 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Lon D. Frazier Lucy A. Jones 19e. Informent's Neme/Ralettonship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health er important: If Item 27 is any injury or other trauding. 214 Meadowview Drive Selinsgrove, PA 17870 J.B. Frazier 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Kurial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veteran Cemetery 3/4/96 | Crownsville, Maryland 21. Signeture of Funerei Service Licensee 22. Name and Address of Facility John M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 24 ences Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Immediete Ceusa (Final CONGESTIVE HEART FAILURE ZYVS disease or condition rasulting in deeth) Examiner Physician/Medical Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Dua to (or as a consequence of): physician a Due to (or as e consequence of): attending p signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown PLLMONARY DISEASE DBSTRUCTIVE þ 24b. Were eutopsy findings evelleble prior to complation of cause of death? 24a. Wes an eutopsy performed? Completed is certificate has be director, page 2 s 1 Yes 2 No 1 Yes 2 No 25. Wes casa referred to medical axaminer? Be 26. Place of Deeth (Check only ona) Other: 4 Mursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2√No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28e. Dete of Injury (Month, Day Year) 27. Mennes of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Diveturel Hospital or Attandin
 124 hours efter death.
 Funeral Director: Afterery filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicida To the Hospital of within 24 hours of To the Funeral D completely filled it Medical 1 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete end place, and due to the cause(s) and menner as stated.

2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et tha tima, date and place, and due to the cause(s) end manner stated. 29a, Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) March 1, 1996

State Registrar Dr. Noble

122 Speer Road Suite 5 Chestertown, MD 21620 (410-778-0200) 31. Dete filed (Month, Day, Year) MAR 0 4 1996 Agistrary Signature
Mandalle
Agridson Randalle

30. Neme end eddrass of person who completed cause of deeth (Item 23e) (Type, Print)

Baltimore, Maryland 21215-0020

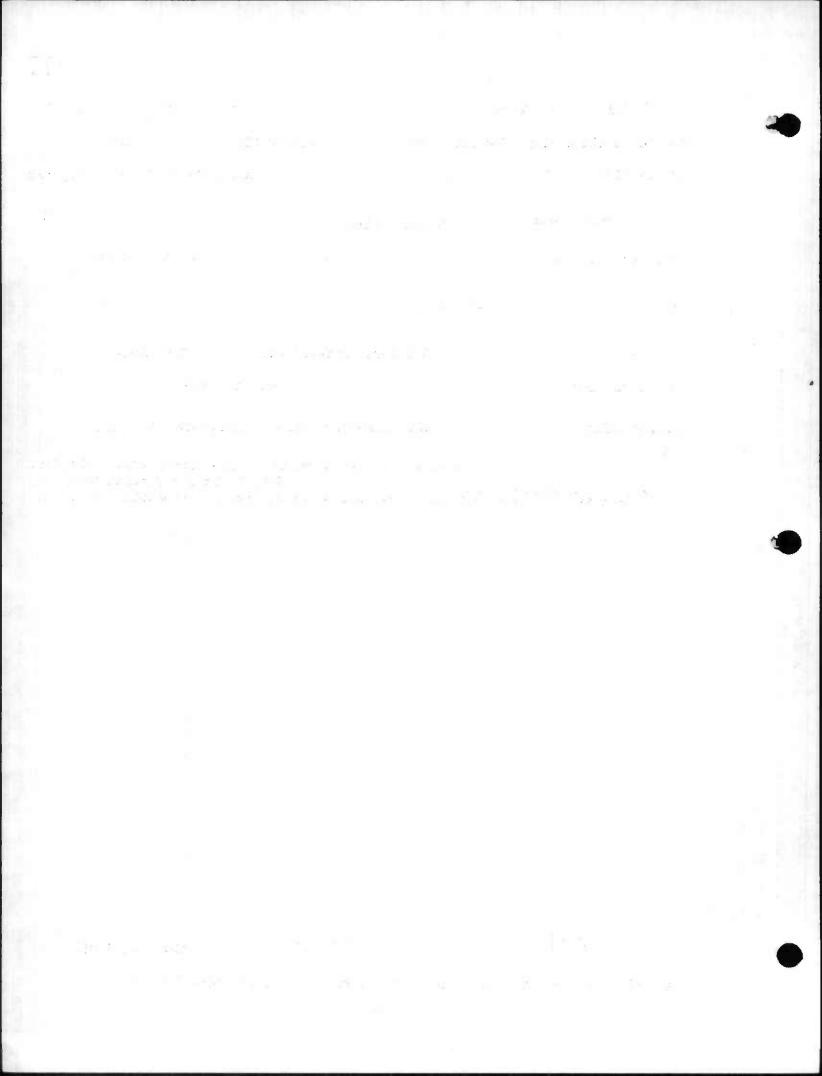
The law requires that the death certificete be executed

Attending Physician:

this

After

Division of Vital Records, P.O. Box 68760,



3. TIME OF DEATH

> Approximate interval Between **Onset and Dasth** 6 MINS

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

REISTORSTOWN MD Z1136

MAR 7 1996

6:45A M

REG. NO. 2. DATE OF DEATH DAY

1996

March 7,

BALTIMORE. MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STEPHEN EARL GREEN

DIVISION OF VITAL RECORDS, P.O. BOX 6876

		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	In yrs. last	birthday)	IF UNDER		IF UNDER 2		7. DATE OF (Month, D			8. BIRTHPI Country)	LACE (State or Foreign
70		219–12–1219		t ∰M 2 □ F		84	YRS.	MONTHS	DAYS	HOURS	MIN.	June		1911		yland
should		9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				96. CITY	, TOWN C	OR LOCATIO	N OF DEA	тн		9c. COU	ITY OF DEA	тн
2, 3,	N	2519 Robert	Arthu	r Road				W	estm	inste	er			Ca	rrol	L
	5	RESIDENCE OF DE	1							_						
permit. Pages	DIRECTOR	10a. STATE	10b. COUNT					Y, TOWN							- [1	0d. INSIDE CITY LIMITS?
J.		Maryland		rroll				Westi	nins	ter						☐ YES ZONO
Fed	AL	10e. STREET AND NUMBER							101	. ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
n. insit	1 1 1	2511 Robert	Arthu	r Road						2115	8			Unit	ed St	tates
fing physician. the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	270N	MED O		It yes, sp	ecify Cuban		C ORIGIN? (S Puarto Rici		or No-	14. RACE - Black, Specify: Whi	
ital or attending d for use as the	LETED		CEDENT'S EDU ly highest grade 0-12)		+)	(Gh	re kind of Do NOT u	sa retired.)		ON ost of working	9			SINESS/INC	USTRY	
the hospital detached fo	COMPL						Farm	er						ultur	е	
de de		17. FATHER'S NAME (First, A										E (First, Mide				
od by	B	Delbert Ear		n		1.00						ta Pa				
5 should notified	0	19a. INFORMANT'S NAME (- 1						oute Number,				
2 8 0		Robert E. G				25	19	Robe:	rt A	rthur	Rd,	West	mins	ter,	MD 2	21158
		20a. METHOD OF DISPOSIT		ovat from State				OF DISPOS	SITION /Ne	eme of		DATE	20c. LO	CATION —	City or Town	n, Stata
Page 6 ma Il director, p	ı	4 Donation 5 Othe	r (Specify)		_ P:	ipe (Cree	k Cer		_		3/7	Lin	wood,	Mary	yland
death. funera f. examí		21. SIGNATURE OF FUNERA	al service li	lance	ty	Ki	100	M	yers	Fune	eral	Home	estm	inste	r. M	21157
filled in by on, or remo		iMMEDIATE CAUSE (FI	neert fallure.	List only one cs	use on e	ach line	4									Approximate interval Between Onset and Das
completely ial, cremati		resulting in death)		A RRI	O (OR AS			IFI:								6 /
e be executed vision and comprison to burial, contradingtion to burial, contradingtions	NO	Sequentially list condi-		. M.	I OR AS A											MINS .
n certificate be nding physician Hygiene prior t	RTIFICATION	if sny, lesding to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in deeth) LAS	ring ury	. AS(O (OR AS A	D										YRS.
	S	DART II Other electric			- 4 - 44 4		541									
that the the the army	EDICAL	PART II. Other signific	snt condition	is contributing to	o destri d	out not n	esuning	in the ui	ngeriyin	g cause g	iven in P		PERFOR	11		VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requestre of of	Σ	DID TOBACCO U	ISE CONT	RIBLITE TO CA	ALISE C	F DFΔ	TH Y	FS 🖂	NO D	d UNC	FRTAIN					YES 2 NO
has b Dept.	AN:	25. WAS CASE REFERRED		I I I I I I I I I I I I I I I I I I I				TH (Check			LIVIAII					
Late ate	HYSICI	EXAMINER?		HOSPITAL:		patient 3	□ DOA	OTHE 4 Nu	R: sing Hon	ne 5 X Ras	sidenca 6	Other (S	Specify)			
this with	<u>A</u>	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)		26b. TII	ME OF JURY M	WC	JURY AT ORK? YES 2	- 1	26d. DESCF	IBE HOW I	INJURY OC	CURED	
TOR: A after de 28 is	TED B	0 0 0 1 14	Could not be detarmined	26a. PLACE building	OF INJURY	f — At hor	ma, tarm,	atreet, fac	tory, offic	ca .		281. LOCATI City or	ON (Street Town, State)		or Rural Ro	ute Number,
TAL DR VAL DIRE	COMPLE	200) 2.4		ICIAN: To the best of												and menner as stated.
THE HOSPI THE FUNE 6 filed within	BE C	296. SIGNATURE AND TITL	E OF CERTIFIE	4//	ieò,		. M	D, I	ME	29c. LICE	NSE NUME		3	29d. OAT		Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ROAD

32 REGISTRAR'S SIGNATURE

117ZZ REISTERSTOWN

8 1996

MAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

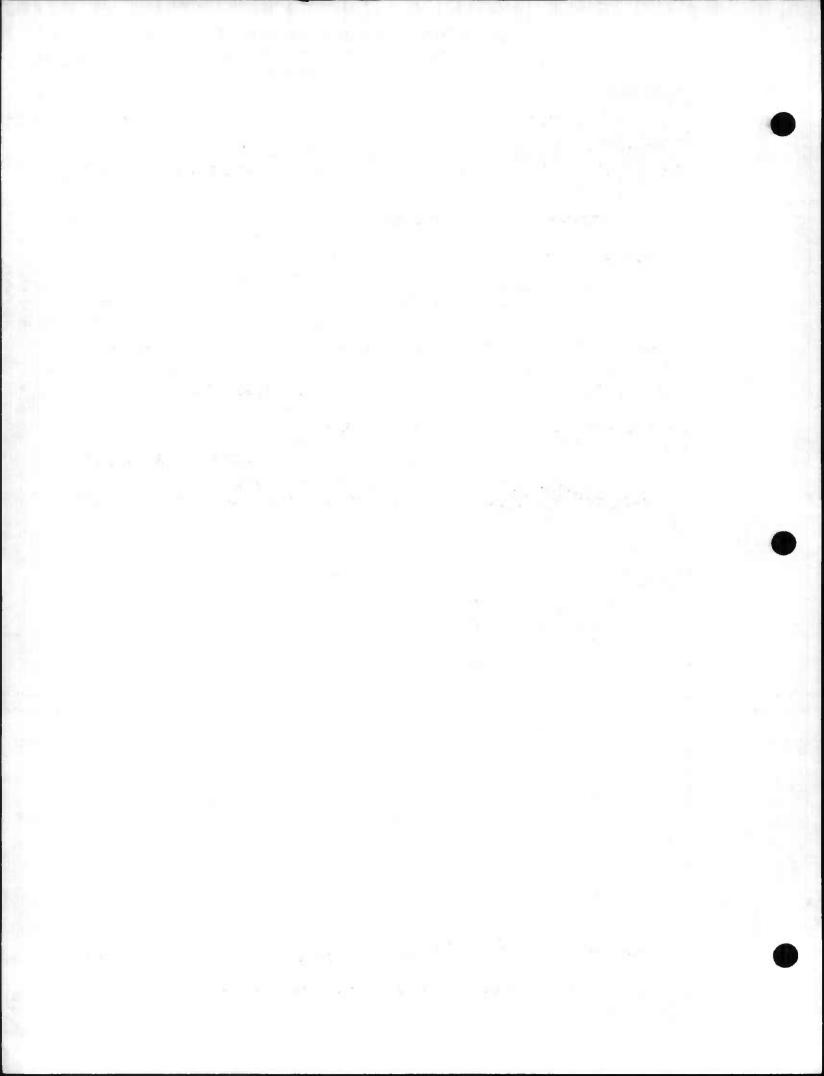
FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					-							
1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY	ANN	1 (FRII	MM				MONTH	DA	6 19	YEAR 96	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF B	HATH			IPLACE (State or Foreign
210 20 7622	1 - M 2 - D.E					HOURS	MIN.	(Month, De	y, Year)	3E	Counti	γ)
	41	60							, 19.			
								EATH		9c. COU	NTY OF D	EATH
Northwest Medical	Center			Ra	nda	llst	own			Ba	altir	nore
The state of the s			40.01									
			10c. CI1									10d. INSIDE CITY LIMITS?
4	roll				ETO	ersb	urg					1 YES 2 XNO
10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CIT	ZEN OF V	VHAT COUNTRY?
6610 Marvin Avenu	ie						2178	4			USZ	A
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS DE	CENDENT C	F HISPAN	NC ORIGIN? (S	pecify Yes	or No-	14, RACI	E American Indian,
1 Never Married 2 Married			XHO						i, etc.)			k, White, etc.
3 ₩ Widowed 4 Divorced	IF TEG, GIVE W	MA ON DATES			160	X NO	Specify	γ.			Spec	White
15. DECEDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OC	CUPATI	ON		16b. KIN	D OF BUS	INESS/INC	DUSTRY	
			(Give kind of life, Do NOT u	work done du se retired.)	uring m	ost of working	ng					
	College (1-4 or 5 +	•)	Uou	couri F						Or.m	Home	
			поц	SEMIT	9	T					HOLK	3
										Sumame)		
						DO:	rotn	y Lenna	art			
Warren E. Grimm,	Jr		26 S	hamro	ck	Cir,	Wes	tminst	er, l	MD 2	1157	
20a. METHOD OF DISPOSITION		20b. PLAC	CE AND DATE	OF DISPOSIT	TION (N	eme of		DATE	20c. LO	CATION -	City or To	own, State
1 Deniel 2 Cremation 3 Remi	oval Irom State	cometery.	cremetory or c	ther plece).	al G	hirten	S	3/9	Fi	nksbi	ıra.	MD
	ENSEE 7/7		Leji-Car i	-				1 (1 1	LLD	<u></u>	110
Atz	1114	1100							Elin	e Fui	nera.	l Home
18 Jeune	wo	ine			934	SM	ain	St, Ha	mpste	ead,	MD :	21074
shock, or heart failure.	List only one cau	see on each l	Ina.							ratory ar	reat,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CON	SEQUENCE O	MA		01-	L	UNG			•	
PART II. Other significant condition	a contributing to	deeth but no	ot resulting	In the unc	derlylr	g ceuse	given In	Part I. 24	. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
												AVAILABLE PRIOR TO COMPLETION OF CAUSE
								10	YES 2	PNO		OF DEATH?
					5	7		ries .				1 - YES 2 - 19
DID TOBACCO USE CONTI	RIBUTE TO CA						ERIAI	N.C.				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	26. PI	LACE OF DEA)						
1 TYES 2 THO		ER/Outpatient	3 DOA			ne 5 🗆 R	asidence	6 Other (Sp	pecify)			
27. MANNER OF DEATH			26b. Til	AE OF				28d. DEŞCRI	BE HOW I	NJURY OC	CURED	
1 Netural 5 Pending	(MONIN, D	vey, reer)	118	M] NO					
a C a state			home, Jarm,	street, lacto	ory, offi	ca		201. LOCATIO	N (Street a	and Numbe	r or Rural	Route Number,
4 Homicide delarmined	building,	etc. (Specify)						City or To	wn, State)			
An operation												
(Check only	CIAN: To the best of	my knowledge,	, death occur	red at the Hi	me, dat	a and place	a, and due	to the cause(s	a) and mar	nner as sta	ted.	
2 MEDICAL EXAMINE	R: On the basis of a	xeminetion and	/or Investigati	on, in my op	pinion,	death occu	red at the	time, data and	placa, an	d dua to I	he cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIES	1 - 1				_	29c. LIC	ENSE NU	MBER		29d. DAT	TE SIGNEI	(Month, Dev. Year)
0 14	~ UM					1			3	1,111		CH 6, 1996
30 NAME AND ADDRESS OF DEDGOS MIN	O COMPLETED COM	SE OF DEATH 1	ITEM 979 (T-	Dej-et	_	1 6	, ,				.,,,,	211100
					M	0 -) /1	77				
010111		R'S SIGNATUR		10.	, ,	0 1	-11	55				
	4. SOCIAL SECURITY NUMBER 218-30-7633 9e. FACILITY NAME (If not institution, give at Northwest Medical RESIDENCE OF DECEDENT 10e. STATE	SHRLEY 4. SOCIAL SECURITY NUMBER 218-30-7633 9a. FACILITY NAME (if not institution, give street and number) Northwest Medical Center RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10a. STREET AND NUMBER 6610 Marvin Avenue 11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT 10b. COUNTY Maryland 12. WAS DECEDENT 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12. T. FATHER'S NAME (First, Micdia, Last) Harry May 10a. INFORMANT'S NAME (Type/Print) Warren E. Grimm, Jr 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF DUSPOSITION 22. METHOD OF DISPOSITION 1 Signature Of Disposition 1 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF DUSPOSITION 22. METHOD OF DISPOSITION 1 Removal from State 4 Donation 5 Other (Specify) 23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cause in the shock of the state of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the state of the shock of the	4. SOCIAL SECURITY NUMBER 218-30-7633 90. FACRLITY NAME (If not institution, give street and number) Northwest Medical Center RESIDENCE OF DECEDENT 100. STATE 4. SOCIAL SECURITY NUMBER 218-30-7633 1	SHIRLEY ANN GRMM 3. SOCIAL SECURITY NUMBER 218-30-7633 1	4. SOCIAL SECURITY NUMBER 218—30—7633 9. FACILITY NAME (find institution, give sitest and number) Northwest Medical Center RESIDENCE OF DECEDENT 109. STATE 109. COUNTY Maryland Carroll 109. CITY, TOWN ORLOW FIND STATE 109. COUNTY Maryland Carroll 109. STREET AND NUMBER 6610 Marvin Avenue 11. MARITAL STATUS 11. Never Married 2	4. BOCAL SECURITY NUMBER 218-30-7633 1	SHIRLEY 4. BOOLAL SECURITY NUMBER 218-30-7633 1	SHIRLEY A NO GRAM 4. BOCAL SECURITY HUMBER 218—30-7633 5. SEX. TO SOUTH THE PROPERTY SOUTH THE PROPERTY SOUTH TO SOUTH TOWN ON THE PROPERTY SOUTH TOWN ON THE PROPERTY SOUTH TOWN ON THE PROPERTY SOUTH TOWN ON THE PROPERTY SOUTH TOWN ON THE PROPERTY SOUTH TOWN ON THE PROPERTY SOUTH TOWN ON THE PROPERTY SOUTH TOWN ON THE PROPERTY SOUTH THE PROPERTY SOU	SHIRLEY ANN GARDONES CONTRIBUTE TO CAUSE OF PART II. Other eignificant conditions. Shirle LEY ANN GARDONES CONTRIBUTE TO CAUSE OF PART II. Other eignificant conditions. Shirle LEY ANN GARDONES CONTRIBUTE TO CAUSE OF DEATH A. ADC (in you hard not not not not not not not not not not	SHIRLEY ANN GRAMM 4. SOCIAL SECURITY NUMBER 1. S. SEX S. S. A. AGE (19 yr and surprising) # success a year. 218-30-76633	SHIRLEY ANN CRIMM 4. SOCIAL SECURITY NUMBERS 2. SEX S. ADD (For you be remote) 14 second 1 years 10 second 1 years 10 second 1 years 10 second 1 years 10 second 1 years 10 yea	

State of Maryland / Department of Health and Mental Hygiene 96

							Ce	ertifica	ate of	Death		Reg. N	0.		, 0	
	12		1. Decedent's Nam	a (First, Middla,	Last)						2. Date of De	eath		V	3. Tin	na of Death
	Physic /Medi		John	G	off						Month	- D		Yaar 96	11	:20p.n
	Exami		4a. Facility Nama (n <i>ber)</i>				4b. City, Town, o	r Location of Deat	th 4	c. County			: 200.11
				rcle A				- Hille	day 4 Van	INDIAN	HEAD	Ch	arle	S		
Ŀ	Funeral Director		5. Social Security N 235–34–06	573	S.Sex XOM 2□F	7. Aga (In yrs 71	. last birthdaj Yrs.	Month	der 1 Yaa ns Days			Y 16	1925	9. Birthple Counti WEST	ry)	ata or Foreign
	pue *_		Usual Rasidance of 10a. Stata	10b. County		10c C	ity, Town or I	Location						10	ld Inei	de City Limits
	aho aho	5	MD.	CHARLE	ic.		DIAN H							10		Yas 2 No
	he y	Director				TIME	JIMI II		7. 0. 1							
	death with the Maryland ms 23s or 28s-f show r mast be notified at	al Dir	10e. Street and Nu		Œ				ZIp Coda 20640)		USA	atizen of V	What Count	ry?	
020	after or its	by Funeral	11. Maritai Status 1 ☐ Nevar Marr 3 ☐ Widowed	led Ž Marrie	If Yas, Giv	rcas? 2 □ No			cedent of pecify Cu	Hispanic Origin? ban, Maxican, Pus Specify:	(Specify Yas or Narto Rican, etc.)	0-	Biad	e - Amarica ck, Whita, a WHITE	itc.	n,
Š	2 hot	8	5	15. Decedant's	Education	1745	18a. Dec	edant's U	sual Occu	upation		16b.		usinass/Indu		
0200-91212	should be flied within 72 hours nd Mental Hygiene. marked other than "natural", imatic event, the Medical Ex-	Completed	(Special Special Speci		grada complated) College (1	-4or 5+)	lifa.	DO NOT	use retir	a d <i>uring</i> most of w ed) INICIAN	orking	US	GOVE	ERNMEN	T	
	Hygie ther		17. Fathar's Nama	/First Middle L	aet)		01124		1101		ama (First, Middle					
Maryland	ould be filed with Mental Hygiene. Brice other the	Be	200 A VALUE TO		,									iay		
5	should nd Men marke	L C	LANTY M.		o (Time Drint)		105 145	Minne Andrie	/0	-	WILLIAM			Oilai 75 d	0.4-1	
<u> </u>	0 9 4		19a. Intormant's N							et and Number or i	Hurai Houta Numi	ber, City	or Iown,	Stata, Zip C	Jode)	
	ges 1 end 2 should be filed to Heelth and Mental Hyg if item 27 is marked other or other traumatic event,	1	JUNIE M. (20a. Method of Dis		FE)	20h	SAME Place of Disp	AS A		<u> </u>	Data	200	conting	Chr or Tou	en Cto	
gaitimore,	Page net: If i		PE Buriai 2		Ramoval from :	Stata	cematary, cr	amatory o	r othar pl	ace)	MARCH919			ORF, N		a
Rail	permit. Pag Department Important: It any Injury o		21. Signature of Fu	naral Sarvice Li	gensee					ONERAL H		I HE	AD, N	1D. 20)64()
ı			23e. Pert1. Entar I shock, or he	be disease, or o	omplications that converge of the	aused ha daa									Approx	
,	Physician		7		.,										Onset	and Death
å	/Medical		Immediata Causa disaasa or conditio		Can	cer L	arynx							-	17	X
	Examiner	Į,	rasulting in daath)		a	Due to (or es a cons	equance o	of):					1		
	D #	iner												1		
'n	eeth certificate be executed attending physician and for use as the buriel-transit	Examiner	Sequantially list co if any, laading to in causa. Entar Unde Cause (Disease or that initiated events	nditions, nmadieta	0.	Dua to (or as a cons	aquance o	of):							
68760,	cete be physicia the bur	edicai	Cause (Disease or that initiated events rasulting in death)	injury Last	c	Dua to (or as a conse	equance o	f):							
ŏ	h certifi ending r use es	2			d											
0	deel of be	sich	Part II. Other signif	icant condition	s contributing to de	ath but not ra	suiting In tha	undartyin	g ceusa g	ivan in Part I.	23b. Dld	tobacc	o use co	ntribute to	the car	use of death?
, T.	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the buriel-transit	by Physician									1	Yes	2□ No	3 Prob	ably (Unknown
Hecords,	s taw requires has been sign te 2 should be	Completed b									24a. Was	s an aut ormed?	opsy	aval	llabie p	psy tindings rior to not cause
ř	0 - 2	E O									10	Yas	No No	10	Yas	2 No
VItal	certificate rector, peg	Bec	25. Was case reter	red to medical						26. Pieca ot D	eath (Check only	one)		1		
>	Physician: riths certific ral director,	ToE	axaminar?	No	Hospital:	npatient 2] ER/Outpati	ent 3	DOA O	ther	Homa STIRes		8 DOth	ar (Specify))	
100	문 부 를		27. Mennar of Deat		28a. Data o	of Injury h, Day Year)	28b. Tima		28c. Inj		28d. Describe					
DIVISION	l or Attending Ph after death. Director: After th I in by the funeral	Certification:	1 → Neturel 2 → Accidant 3 → Suicida	5 ☐ Pending Invastiga 6 ☐ Could no	tion	of Injury - At h	Injury	М	1[Yas 2 No	28t. Location	(Street s	nd Numb	er or Rural	Routa	Number
2	rs after al Dire	Certi	4 Homicida	datermin	ad buildir	ng, atc. (Speci	fy)	Jirout, luo	ory, omo		City or To	wn, Sta	ta)			
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edicai	29a. Certifiar (Check only one)	Certifying 2 Medical Ex	Physician: To tha taminer: On tha be and mann	isis of axamin	owladga, daa etion end/or	ath occurre invastigati	ed at tha ton, in my	tima, data and pla opinion, death oc	ce, and dua to the curred at the time	causa(, data a	s) and ma nd place,	anner es sta and dua to	ited. the cau	isa(s)
	Vithir To the	ž	29b. Signatura and	titla of certitiar					29c. Licar	nsa number		29d. D	ata signe	d (Month, D	lay, Ye	ar)
			10	ull.	M	. 19	att.		F.0	0252		20			0.0	-
,			30. Nema and addr	ass of pareon	no completed cours	a of death /It-	m 23al /Tim	Drine)	D2	8352		Ma	rch	6, 1	996)
						,			7700	T = 10.3	n.t 100		0000			
	Sta	ite	31. Dete filed (Mon		ur, M.D	egistrar's Sign		OX	2129	, та гл	ata, M	U Z	0646			



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death Month Dey 1996 **Physician** March 3, 8:45 A.M. Robert James /Medical 4a. Fecility Nema (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mediplex of Montgomery Village Gaithersburg Montgomery If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Data of Birth (Month, Day, July 30, 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1₩ 2□ F 91 1904 104-07-4347 Yrs July Pennsylvania **Director** Usuai Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yas 2 No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? 19424 Laguna Drive 20879 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. 11. Meritel Status 1 Navar Merriad 2 Married 1 Yas 2 No by Specify: 3 Widowed 4 ☐ Divorced White Year or Detes Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Insurance Agent Insurance Company 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John Golden Catherine UNAVAILABLE 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Patricia G. Pino / daughter 19424 Laguna Dr., Gaithersburg, MD 20879 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Buriai 2 □ Cremation 3 BRamoval from Stata 4 ☐ Donetion 5 ☐ Othar (Space) Holy Sepulcher Cemetery 3/8/96 Rochester, New York 21. Signatura of Funerel Sarvica Louissa 22. Nama and Addrass of Facility De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 20877 use, or complications that caused tha daath. Do not antar the mode of dying, such as cardiec or raspiretory arrest, in List only ona causa on aach lina. 23a. Pert1. Enter the dil Approximata Intarval Between Onset and Daeth **Physician** Immedieta Causa (Final diseasa or condition rasulting in daath) /Medical Examiner Physician/Medical Examiner The law requires that the death certificete be executed the buriel-transit Sequantielly list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Disaasa or Injury that initieted events resulting in deeth) Last pue Box 68760, physician Dua to (or as a consaquanca of): 88 USB P.0. Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably þ Division of Vital Records, 24e. Was an autopsy performed? 24b. Wara autopsy findings availabla prior to completion of cause of death? Completed page 2 this cartificate has 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Wes case referred to medical axaminar? Be 26. Piece of Death (Check only one) 1 Yas 2 No Hospitai: Other: Certification: To 4 Nursing Homa 5 ☐ Residenca 6 ☐ Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA funeral 27. Mangar of Death 28a. Date of Injury (Month, Day 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred After 5 Pending investigation 1 Natural 2 Accidant after death. 1 ☐ Yas 2 ☐ No the 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Spacify) completely filled in by 4 Homicide within 24 hours a To the Funeral C Hospital 29a. Cartifiar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and manner stated. Medical 29b. Signature and 29c. Licansa number 29d. Data signed (Month, Day, Year) and address of person who completed (Itam#23a) (Type, Print) grate ROAD, ROCIVILLE

State Registrar

MAR 05' 1996

31. Date filed (Month, Day, Year)

32. Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene

6 08082

	_						Cen	tificate of	Death			Reg. No.			0000
			1. Decedent's Neme (First, Middle,	Last)							2. Date of D			3. Tin	ne of Death
	Physic		Loretta M	Glass							Month Februa	Day	Yeer 1996	12.	00 PM
	/Medi Examii		4a. Facility Name (If not institution,		umber)				4b. City, To	own, or Lo	ocation of Dec		inty of Deeth		UU PM
	EAUITIN	1101	7420 Westlake	Terrace	#1508				Po+1	ho a d		Man			
_	Francis			S. Sex	7. Age (In y	rs lest birt	thdev)	If Under 1 Year		nesda 24 Hrs.			tgomen	_	ate or Foreign
	Funeral Director	Н	217-48-8498	1□M 2⊠F	84	,	Yrs.	Montha Deya		Min.	8. Dete of E	Dey, Year)	Cot		ete or Foreign
			Usuel Residence of Decedent		04						UCT.	28, 191	T Ne.	w You	CK
	land ow		10a. State 10b. County		10c.	City, Towr	or Loc	ation		-				10d. insid	le City Limits
	dary feh	5	Manual and Manual			1	-							1 🗆	Yes 2X No
	28e	Director	Maryland Montg	omery		Bethe	esda	10f, Zip Code				10- Ohiosa	of 1485 or O	Pentar	
	with of a			_	#150	o			_			10g. Citizen			
	d 2 should be filed within 72 hours aftar death with the Maryland th and Mental Hyglena. 7 Is marked other than "netural", or items 23a or 28=f show traumatic event, the Medical Exertines must be notified at	Funeral	7420 Westlake				1	2081	·				d Stat		
	ar de mem	in in	11. Marital Status	Armed F		U,S.	13. W	es Decedent of Yea, specify Cul	Hispanic Oi ben, Mexica	n, Puerto	ecity Yes or P Rican, etc.)	14.1	Race - Amer Bleck, White		n,
70	or or	by F	1 Never Married 2 Merrie	If Yes, G	2⊠No live		1	☐ Yea 2⊠ No	Specify	:		Spe	city: W	hite	
0200-61212	June!	d b	3 ☑ Widowed 4 ☐ Divorced	Yeer or I	Dates:										
'n	72 P	Completed	15. Decedent's (Specify only highest	Education grede completed)	16e.	(Give k	ent's Uauel Occu	e during mos	st of work	ing	16b. Kind o	f Business/i	ndustry	
Z	lithin	idu	Elementery/Secondery (0-12)		(1-4or 5+)			O NOT use retin							
N	ed w	S		2		Re	egis	tered N				Hea			
2	d off	Be	17. Father's Neme (First, Middle, La	est)					18. Moth	er's Nem	e (First, Midd	le, Meiden Sun	neme)		
maryland	Men	2	Paul Lesnau						El	izabe	th Mul	nle			
9	sho and		19a. informant's Neme/Reletionship	p (Type, Print)		19b.	Meiling	Address (Stree	et end Numb	er or Run	al Route Num	ber, City or To	wn, Stete, Z	ip Code)	
2	eith 27		Judith M. Glass	/Daughte	r	69	93 1	4th Ave	nue, S	San E	rancis	sco, Ca	liforr	nia	94118
ē	The He		20e. Method of Disposition			Diago of	Diagon	ition (Name of etory or other pl			D-1-		on - City or T		
Ë	H: H		1 ☑ Burlai 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe		Stete	rling	ton	Nation	al Cer	neter	. 1990	Arlin	gton,	Virg	inia
saltimore,	permit. Peges 1 and 2 Department of Heelth a Important: If Item 27 is any Injury or other tratents.		21, Signeture of Funerei Service Lie				22	Neme end Addr	ress of Fecil	iv Rob	ert A.				
מ	Ped du po		DM/1/2.	11		0046	Be	Neme end Addr thesda- thesda,	Chevy	Chas	se, Inc	755	7 Wisc	onsi	n Ave.
			Michal E.	HUSSEN	*	0846									
			23a. Part f. Enter the disease, or co shock, or heart feilure. List or	omplications thet nly one could be	each line.	ath. Do r	not ente	r the mode of dy	ring, such as	cardiac	or respiratory	errest,	1		Between
	Physician												ì	Onset	end Deeth
	/Medical Examiner		immediete Cause (Finel diseese or condition	Meta	static	Car	cino	ma					i	6 Mc	nths
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Š	an a		if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury										į		
00/00	nysic he b	edicai	thet initieted events reaulting in deeth) Lest	C	Due to	(or es a c	onsequ	ence of):					1		
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X DO	endir use			d									1		
	0 0 0	Physician	Pert ii. Other significant conditions	s contributing to d	leath but not r	esultina in	the und	dertving cause o	iven in Pert	l.	23b. Di	d tobacco use	contributa	to the car	use of death?
)	t the by th	th.						Ti.			10	Yes 2□N	o 3 □ Pre	obably	4 🗆 Unknown
è.	s tha	by P									- 1				
cords,	requires that een signed b hould be det											a en autopsy	24b. V	Vere auto	sy findinga
3	v rex	Completed									per	formed?	C	vallable p ompletion f death?	
ב ב	has b	E													_
	ician: The li certificate ha rector, page	_									1L	Yes 2∭ N) 1	☐ Yes	2□ No
=	Physician: this certific ral director,	Be	25. Wes case referred to medical examiner?	Hoonital							h (Check only				
5	\$ 00	2	1 Yes 2 No	-		□ ER/Out						aldenca 6 🗆		ify)	
=	De fe	on:	27. Menner of Deeth 1 ⊠Neturel 5 □ Pending	28a. Date (Mor	of injury nth, Dey Year)	28b. T	ime of njury		ork?		28d. Describ	e how injury oc	curred		
2	Attending or deeth. ector: After by the fune	cati	2 Accident investigat					M 1	Yes 2						
OISIAI	rect rect	Certification	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determine	ed 28e. Plec	e of injury - At	home, fai	m, stree	et, fectory, office)		28f. Location City or T	(Street and Nu own, Stete)	mber or Ru	ral Route	Number,
ב	rs ef	Ç													
	To the Hospital or Attendit within 24 hours efter deeth. To the Funeral Director: A completely filled in by the fu	edicai	29e. Certifier 1 ☐ Certifying (Check only 2 ☐ Madical Ex	Physician: To the taminer: On the t	e best of my k	nowledge,	deeth a	occurred at the t	ime, dete er	nd plece,	end due to th	e cause(s) and	menner as	stated.	rea(e)
	he H in 24 he F plete		one)	end mer	nner steted.	netion ent	201 11146	istigetion, in my	opinion, dec	2(11 000011	60 6t the thin	s, dete and pie	20, 6110 000	to trie cat	30(3)
	To t To t	Z	29b. Signeture end title of certifier					29c. Licer	se number			29d. Dete sig	ned (Month	, Dey, Ye	er)
	,		E. Q.	Zib	0' ~	7. D.		D094	70			Februa	ry 29,	199	6
	. /		30. Neme and address of person wh			em 23e) (Type, P	rint)					20	895-	3910
	25		Eugene P. Libre						nue #6	506.	Kensir	aton.			
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. [Registrar's Sig	nature				,		,,,,,,			
	Registr		MAR 04	1996	this oblive	lion	relat	r.							
			4.2	0											

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State of Maryland / Department of Health and Mental Hygiene 08083 Certificate of Death 1. Decedant's Name (First, Middle 1 ast) 2. Dete of Deeth 3. Time of Death **Physician** Month March 1, Donald Gilbert 1996 Carl 3:30P /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner | Silver Spring | M | Munder 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Months | Davs | Hours | Min. | (Month, Day, Year) 2508 Mason Street Montgomery 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1**X** M 2□ F Yrs Director 578-44-8374 Nov. 16, 1935 Maryland Usual Rasidance of Decedent nit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland definent of Health and Mental Hyglene. ortant: If fam 27 Is marked other than "netural", or items 23s or 28s-f show Injury or other traumatic event, the Medical Espainism man be notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Directo Maryland Montgomery Silver Spring 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2508 Mason Street 20902 Funeral United States 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-ff Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, etc. Armed Forces:

1 🖾 Yas 2 🗆 No
If Yes, Giva 1954—
Yaar or Datas: 1958 1 ☐ Nevar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No by Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16e. Dacedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Montgomery Collaga (1-4or 5+) 12 Firefighter County Government 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Sumema) Be Donald Whitney Gilbert 2 Mary Elizabeth Kasulke 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Lisette C. Gilbert / wife 2508 Mason Street, Silver Spring, Maryland 20b. Place of Disposition (Nama of cemetary, cramatory or other place) March 5, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlai 2 XCramation 3 ☐ Ramoval from Stata Department of important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Metropolitan Crematory Alexandria, Virginia 21. Signetura of Funeral Sarvice Licensee 0 MOO831 22. Nama and Addrass of Fecility Robert A. Pumphrey Funeral Home/ 300 West Montgomery 16 Marvland 20850-2805 Rockville, Inc. Wen Fawhence Avenue, Rockville, Maryland Avenue, Rockville, Maryland

23a. Partl. Entar tha disaasa, or complications thet caused tha daeth. Do not entar tha moda of dying, such es cardiac or raspiratory arrest, shock, or haert failura. List only ona causa on aach line. Approximata Intarval Between Onset and Death Physician /Medical immediate Ceuse (Final disaasa or condition rasulting in death) Progressive liver failure 1 month Examiner Dua to (or es a consequence of): Examiner Metastatic pancreatic carcinoma 6 months or Attending Physician: The law requires that the death certificate be assocuted Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Disaasa or injury that initiated evants rasulting in daath) Last and Dua to (or as a consequence of) Box 68760. attending physician for use as the burie Physician/Medicai Due to (or as a consequance of) ed by the s 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ata has been signed by t paga 2 should be datach 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? certificata has 1 ☐ Yas 2 ☑ No 1 □ Yas 2 □ No Be 25. Was casa rafarred to medical axaminar? 26. Pieca of Death (Check only one) Othar: 4 ☐ Nursing Homa 5 🖾 Rasidance 6 ☐ Othar (Specify) ဥ 1 ☐ Yas 2 X No 1 Inpatiant 2 ER/Outpatient 3 DOA this funaral 28a. Data of Injury (Month, Day Year) 27. Mennar of Death 28b. Tima of Certification: 28c. Injury at Work? 28d. Dascribe how injury occurred Aftar 5 Panding invastigation 1 XNatural death. 1 ☐ Yas 2 ☐ No after death 2 Accidant 3 ☐ Suicide 6 Could not be datermined 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 Homloida 24 hours a Funeral C 1 Medical Examiner: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

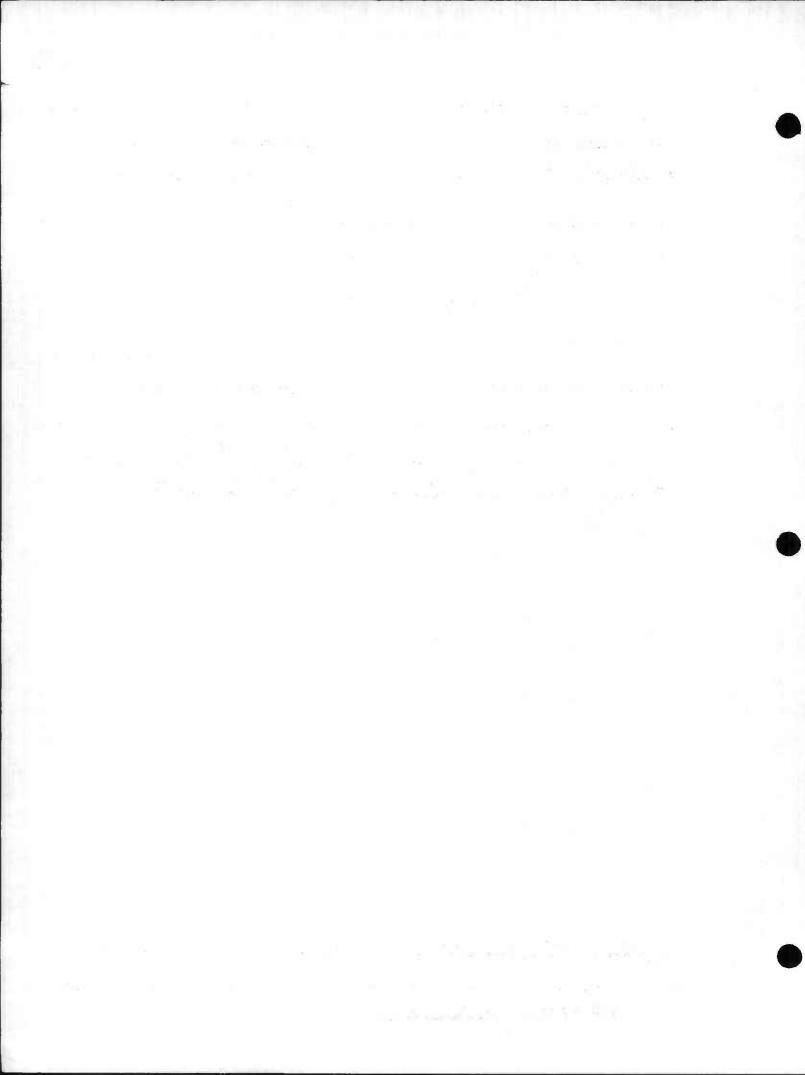
| Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Cartifie (Check only one) To the To the To the F 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D35996 March 4, 1996 30. Neme and address of person who completed causa of death (Item 23e) (Type, Print) Linda M. Burrell, M.D. 2101 Medical Park Drive, #201, Silver Spring, MD MAR 07 32. Registrar's Signatura

the Studen Radall

DHMH 16 Rsv 6/95

State

Registrar



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BOX
P.0.
RECORDS,
F VITAL
DIVISION

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII						YGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) ISIDORE	GOLDNER						2. DATE OF MONTH 1ARCH		996	YEAR	3. TIME OF DEATH 4:04PM M
	4. SOCIAL SECURITY NUMBER 578-38-9276	5. SEX 6. AG	E (In yrs. last birthday 90 YRS.	MONTHS	DAYS	IF UNDER :	24 HRS. MIN.	7. DATE OF (Month, D. JAN.	BIRTH By, Year)	906		JERSEY
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY	r, town o	R LOCATIO	N OF DEA		-, -		NTY OF D	
OR O	HOLY CROSS HOSE	'ITAL		SIL	VER	SPRIN	VG.			MON	rgom	ERY
티	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c C	ITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR		rgomery		LVER								LIMITS?
	10e. STREET AND NUMBER				101	ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
ER/	2106 PRICHARD F	ROAD			2	0902				UN	ITED	STATES
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 7 YE IF YES, GIVE WAR OR	S 2 NO		II yee, spi		n, Mexicen	IC ORIGIN? (S 1, Puerlo Rice		or No	14. RACI Bleck Speci	E — American Indian, k, White, atc. hy: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT	f work done	during mo:		a	16b. KII	ND OF BUS	SINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	INFORI	use retired.)				11 6	- TT	'חדף א	r co	VERNMENT
COMPLETED	CT FATHERIN ALAMAE (Flora Addiction 2 and	4	INFOR	MALLO	N DE						L GO	VERMIENT
BE CO	17. FATHER'S NAME (First, Middle, Last) CHARLES GOLDNE!	₹						ME (First, Midd HANDWI				
TO B	190. INFORMANT'S NAME (Type/Print) MARTHA POTTER	(FRIEN		4 BUC	S (Street e	nd Number	or Rural R	oute Number, - SILV	City or Tow IER S	n, Stete, Zip PRIN	G, M	D. 20902
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremellon 3 Remo 4 Donation 5 Other (Specify)		emetery, cremetory of LEBAN					3/5		CATION — LPHI,		rwn, State RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE						S OF FAC	DEFEC	MEMO	TAT	CHV	PELS, INC.
	Cranh 0	a Sto	rl									MD. 20852
	23. PART I. Enter the diseases, or conshock, or heert fellure. LIMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	omplications that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the	eech line.								real,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):								
EDICAL (PART II. Other significent conditions	contributing to deeth	but not resulting	g in the u	nderlying	g cause g	lven in I		PERFOR	RMED?	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC												1 TES 2 NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE				UNC	ERTAIN	1 🗆 📗				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DE	OTHE								
IXS	1 YES 2 WHO 27. MANNER OF DEATH	1 hpetient 2 ER/O			rsing Hom		sidence	6 Other (S				
ВУ РЕ	1 Defitural 5 Pending 2 Accident Investigation	(Month, Day, Yea		NJURY M		PES 2	NO	28d. DESCR	IBE HOW I	NJURY OC	COHED	
ETED E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm Specify)	ı, street, 160	ctory, offic	•		281. LOCATION OF T	ON (Street a Town, State)	and Number	or Rural i	Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 ERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of my kn										s) end manner as stated.
B	29b. SIGNATURE AND TITLE OF ERTHER	chann	M.D.				NSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (万	pe, Print)	DA				1/2/	110	Olas	47 2089
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		1 MK	~40	1011	100	- 10	11 37	401	1	1/2011
	MAR 07 1996 Julia Studies Rarlatt											

State of Maryland / Department of Health and Mental Hygiene 9 6 0808

					J. J. J. J. J. J. J. J. J. J. J. J. J. J	Ce	rtificate of	Death	F	Reg. No.	U	8083)
	I by E.		1. Decedent's Nema (First, Middla, L	.ast)					2. Data of Dea	ith	V	3. Time of E	Death
	Physici /Medic		MARY C	HANDLER		GOI	NG		Month MARCH 4	Dey 1996	Year	6:45 A	AM
	Examir		4e. Fecility Nama (If not institution, g	ive street end number)				4b. City, Town, or I			of Death		
			Montgomery Gene	ral Hospit	al			Olney		Mon	ntgom	ery	
	Funeral			Sax 7. Ag	e (in yrs. la	•	Months Day		8. Data of Birtl (Month, Da)			placa (Stata or	Foreign
	Director		577-42-3697	TLIM ZIZIF	80	Yrs.			Jan. 7			Carol	
	pue *		Usual Rasidance of Dacedant 10e. Stata 10b. County		10c. City.	Town or L	ocation				1	0d. Insida City	. Limite
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	ne 2:	Funeral	11. Marital Status	12. Wes Decedent	Evar In U.S.	. 13.			pecify Yes or No-	USA 14. Rec	e - Americ	an Indien	
0	rhar	F	1 ☐ Never Married 2 ☐ Married	Armed Forcas? 1 ☐ Yes 2 🔯 I				Hispanic Origin? (Si ban, Mexican, Puart	o Rican, atc.)		ck, Whita,	etc.	
020	urs e	þ	3 ₩idowed 4 Divorced	If Yas, Giva Year or Datas:			1 ☐ Yas 21 No	Specify:		Specify	. Whi	te	
21215-0020	should be filed within 72 hours efter death with the Meryland nd Mental Hygiene. marked other than "natural", or itams 23e or 28e-f ahow unable avairt, the Medical Evantiner must be notified at	Completed	15. Decedant's	Education		16a. Dece	dant's Usuai Occi	petion	4.1	16b. Kind of Bu	usinass/Inc	dustry	
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	er th	5	12			Bea	utician			Beauty	r		
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yla	Men Men arke	2	Cicero W. Chandl					-	S. Taylo				
Maryland	0 0 0 0		19a. Informent's Name/Ralationship	(Type, Print)				at and Number or Ru				,	
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Ħ	tment tant:		4 □ Donation 5 □ Othar (Spec		Park		Memoria		3/7/96	Rockvil	le, M	larylan	d
Baltimore,	permit. Peges 1 and 3 Department of Health Important: if them 27 i any injury or other tr. once.		21. Signature of Funeral Sarvica Lice	nsaa	1000		2. Name end Add	ass of Facility Collins	Funeral	Home.	Inc		
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, iii			23a. Part1. Entar tha disaase, or co shock, or haart failura. List on	npiications that caused y ona cause on aach li	the deeth. na.	Do not an	tar the mode of dy	ring, such as cardiac	or raspiratory are	rast,		Approximata Intarval Between	een
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	\$ 00 m	Med	rasulting in death) cast				,				i		
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	e dee	Physician/M	Part II. Other significant conditions	contributing to death b	ut not rasult	ing in tha	indarlying causa g	ivan in Part I.	23b. Dld to	obacco uss cor	ntribute to	the causs of	death?
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on	Ing une	tion	1 Naturai 5 ☐ Panding	(Month, Day	y Year)	Injury	W	ork?]Yas 2□No	200. Describe II	ow injury occurr	eu		
Division	i or Attending efter deeth. I Director: After d in by the fune	flca	3 Suicida 6 Could not	be on Diagram	urv - At hom	a. farm. st	reat, factory, office		28f. Location (S	treet and Numb	er or Rura	il Routa Numb	er.
Ö	efter Olre	Certification:	4 Homicida	building, ato	c. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tow	n, Stata)			
	Hospital or 24 hours effe Funeral Dir stely filled in		29a. Cartifiar (Certifying P	hysician: To the best of	of my knowie	edga, daat	h occurred at tha t	ima, data and place,	and dua to tha c	ausa(s) and ma	nnar as st	lated.	
	he Hi in 24 he Fu plete	edical	(Check only 2 Medicat Exa	miner: On the basis of and mennar sta	axamınatio	n and/or in	vastigation, in my	opinion, daath occur	rred at tha tima, o	data and place, a	and dua to	tha cause(s)	
	To the Hospital or / within 24 hours effer To the Funeral Dire completely filled in Li	Σ	29b. Signatura and titla of certifiar	2			29c. Licar	sa number	2	29d. Data signed	d (Month, I	Day, Year)	
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	10		30. Nama and address of parson who	compiated causa of d	aath (ttam 2	3a) (Type,	Print)	1/ - 1	20	. (2)	_	con .	
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	Sta Registra		31. Date filed (Month, Day, Year) MAR 0 7 19	3. Hagistra	ar s signetur	Randall	3						

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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March 6, Albert Grimlev 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS 104-03-3653 HOURS 1)XX M 2 □ F 85 YRS. May 6, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Hebrew Home of Greater Washington Rockville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Rockville permit. 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 6121 Montrose Road use as the burial-transit 20852 Page 6 may be retained by the hospital or attending physician al director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Merried 2 Married If yes, specify Cuban, Mexican, Puerto Rica 1 YES 2 YNO BY Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION COMPLETED (Spe ive kind of work done during . Do NOT use retired.) College (1-4 or 5+) 12 Iron Worker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Sam Cohen Rachel BE Zimmerman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mark Grimlev 2574 John Milton Drive. Pe 20a. METHOD OF DISPOSITION
1 \$\overline{Q}\$ Burlel 2 \(\subseteq \text{Cremation} \) 3 \(\subseteq \text{Removal from State} \)
4 \(\subseteq \text{Donation} \) 5 \(\subseteq \text{Other} \((Specify) \) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, Beth David Cemetery 3-8 the medical examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. Rapp Funeral Services, P. A. Klen 933 Gist Avenue, Silver Spring, MD 20910 completely filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on eech line. cremation, or IMMEDIATE CAUSE (Final disesse or condition Myocardial Infarction resulting in death) within traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed Hygiene prior to burial, Arteriosclerotic Heart Disease CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician Dept. of Health and Mental Hygiene prior to if any, leeding to immediate certificate be cause. Enter UNDERLYING other 1 CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF)that initieted events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL shows any requires DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN ME 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR; After this certificate within 72 hours after death with the State HOSPITAL 1 TES 2 X NO Inpetient 2 - ER/Outpetient 3 - DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked. 1 X Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 69 ED 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 28 determined COMPLET Hem 29a. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER

AND

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Burt I. Feldman, M. D., 6105 Montrose Road,

32. REGISTRAD'S SIGNATURE

Jalin Diwolson Rawlall

Burstela

31. DATE FILEO (MONTH, Day, Year)
MAR 08 1996

2

CERTIFICATE OF DEATH

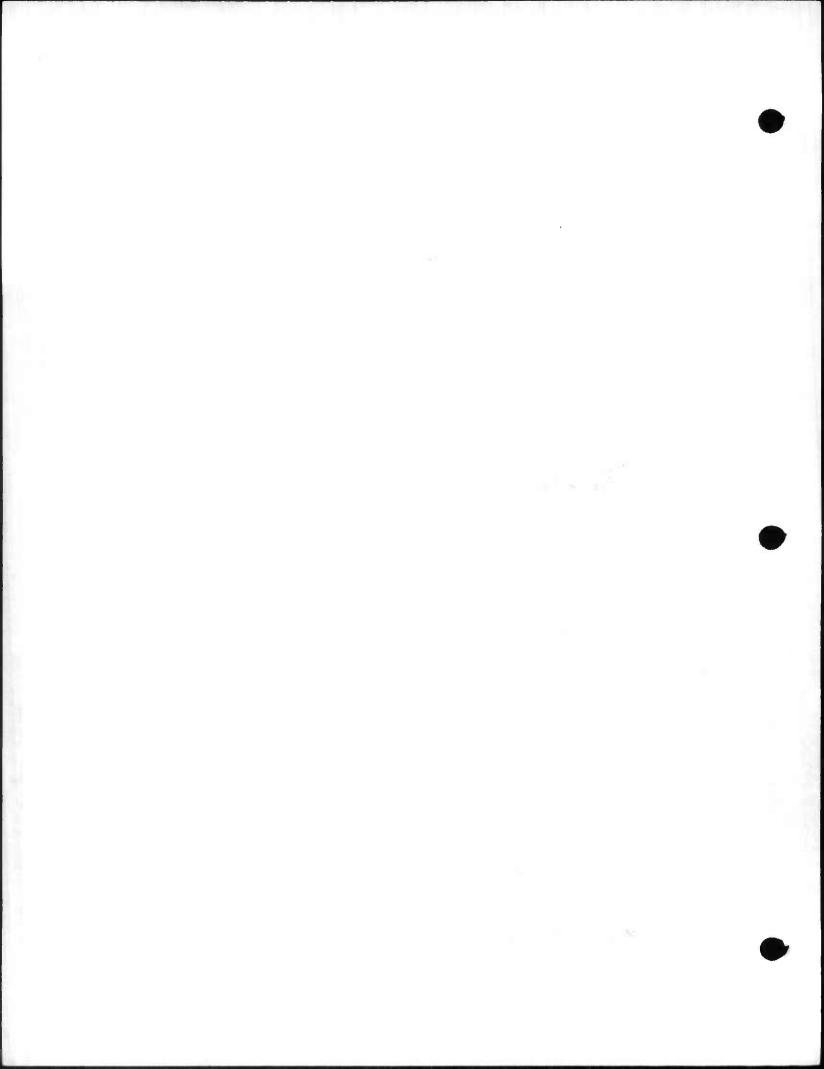
96 08086 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO 2. DATE OF DEATH 3. TIME OF DEATH ™1996 3:05 P 8. BIRTHPLACE (State or Foreign 1910 New York 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 - YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Specify white 16b. KIND OF BUSINESS/INDUSTRY Construction Herndon, VA 20c. LOCATION — City or Town, Stata Elmont, New York Interval Between Onset and Death Immediate Years 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 [YES 2 X] NO 1 - YES 2 X NO 28d. DESCRIBE HOW INJURY OCCURED

29d. DATE SIGNED (Month, Day, Year)

March 6, 1996

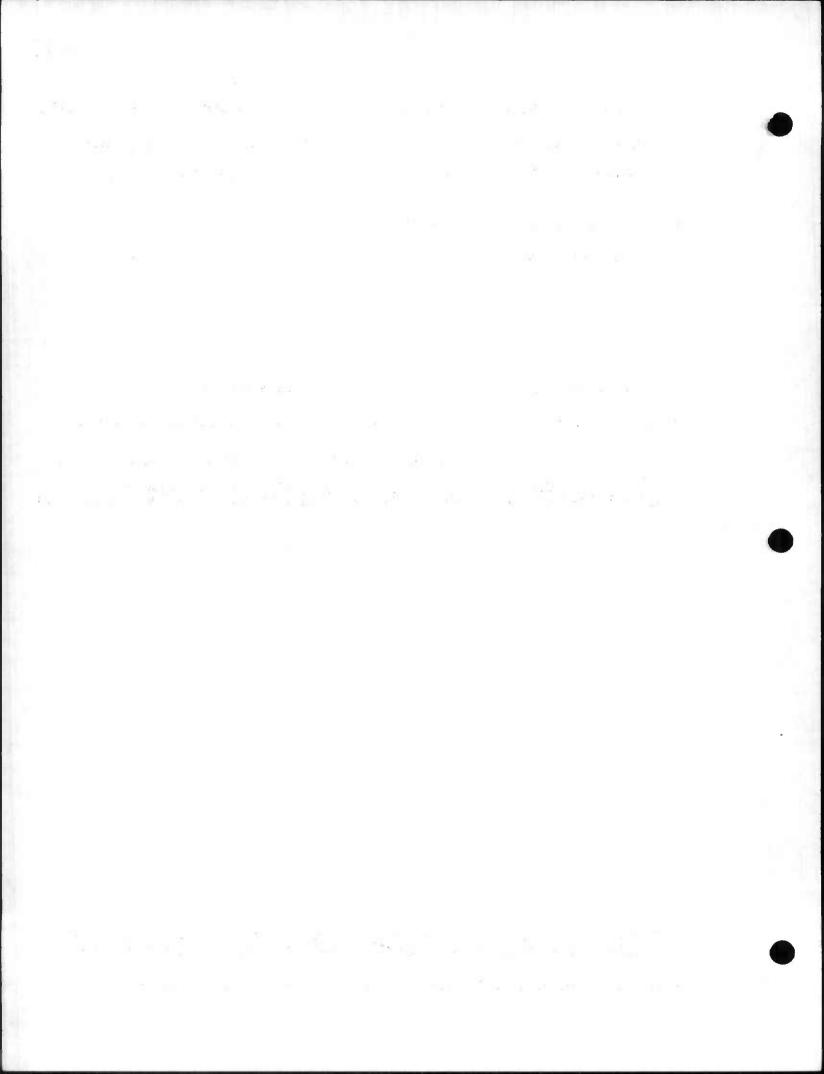
D 23958

Rockville, MD 20852



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physician (Medical Residue) with the property of the property							Ce	rtifica	te of	Death		Reg. No.			
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Med Bridge Nursing Home).			4e. Fecility Neme (If not Institution, g	give street and numbe	r)				4b. City, Town, or	Location of Dec	th 4c. Coun	ty of Death		
Some Some South Number Size Siz				Med Bridge Nurs:	ing Home					Wheator	1	Mon	tgome	rv	
Company Comp	F	Funeral			. Sex 7. A	Age (In yrs.	last birthdey			If Under 24 Hrs					or Foreign
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George F. Sengstack, M. D. 3929 Ferrara Drive, Wheaton, Maryland 20906	To With	L COU	4	29b. Signature and title of certifier	11		1	29	g. Licens	e number	,	29d. Date sign	ed (Month,	Day, Year)
George F. Sengstack, M. D. 3929 Ferrara Drive, Wheaton, Maryland 20906				Llong	- Myon	291	eck	To	- 4	1/1/	-/	5-	1-	16	
21 Date filed Month Court Veed	VI			30. Name and address of person wh	o completed cause of	death (Item	23a) (Type,	Print)							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within £4 hours after death. Page 6 may be retained by the hospital or attended to the company of the second of the	TO THE PURE RAIL DIRECTIONS. After this confinition has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the first proper and the first proper signed to the detached for use as	in MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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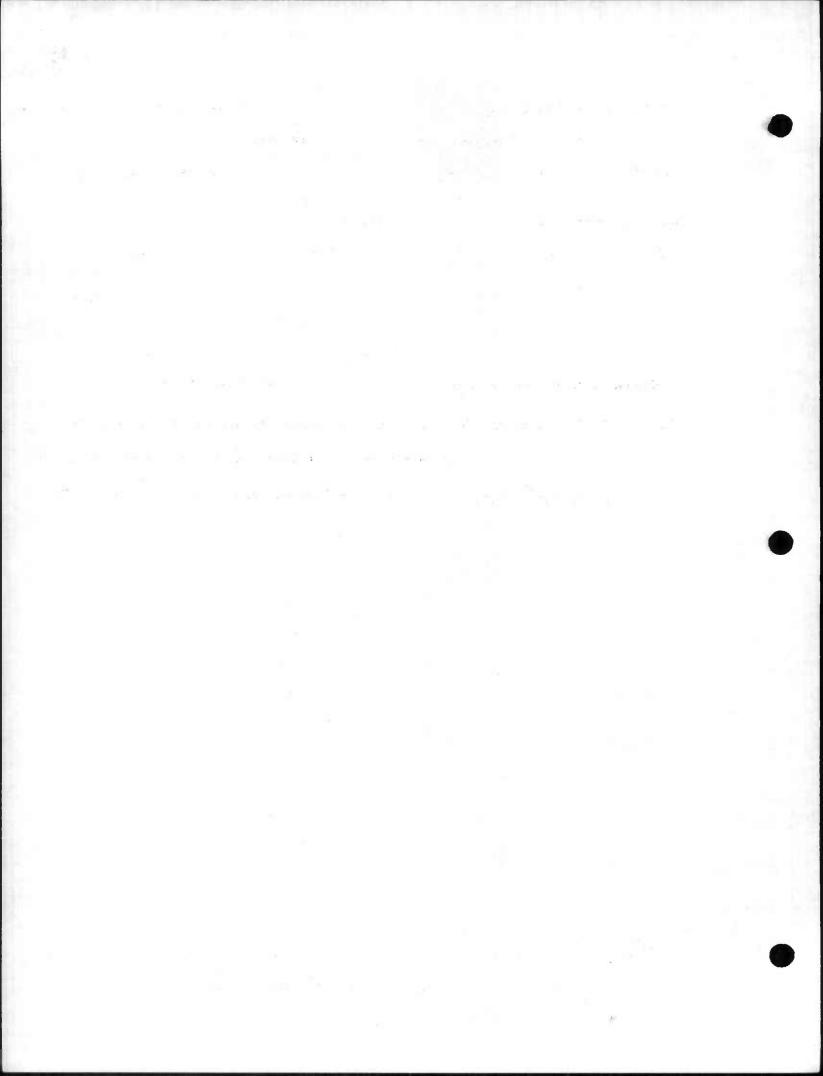
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
 CERTIFICATE OF DEATH		REG. NO.

	1. DECEDENT'S NAME (First Middle Leet)															
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH JAMES LOUIS GUNDLING 2. DATE OF DEATH MONTH MONTH APRIL 12 DAY 1996 YEAR 11:30P															
										Marc	$n \ge i$	199	6	11:30P	M	
	4. SOCIAL SECURITY NUME		5. SEX 8. AGE (in yrs. last		est birthday)					7. DATE OF BIRTH		0. BIRTH		PLACE (State or Foreig	gn	
	21.7-78-47		1 🙀 M 2 🗌 F	21 YRS.		MONTHS	DAYS	HOURS	MIN.	Mar.	28, 1	974	Wash	ington, D	.C.	
	9a. FACILITY NAME (If not in		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH						
E C	VA Medical Center						Perry Point, MD Cecil									
5	RESIDENCE OF DECEDENT															
DIRECTOR	10a. STATE	10b. COUNT	Somers		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY				
	Maryland	et	Crisfield								1X YES 2 NO	,				
AL	10e. STREET AND NUMBER		10	f. ZIP COD	E			10g. CIT	FIZEN OF W	HAT COUNTRY?	\neg					
BY FUNERAL	416 Myrtle Street 21817 U.S.A.															
5	11. MARITAL STATUS	-	12. WAS DECEDEN	TEVER IN U.S. A	U.S. ARMED 13. WAS DECENOENT OF HISPA				NIC ORIGIN? (Specify Yea or No.— 14. RACE				— American Indian.	_		
F	Never Married 2		FORCES?	MAR OR DATES	NO		If yes, specify Cuban, Maxican, 1 YES 2 XNO Specify:			n, Puerto Rica	n, atc.)		Black	Black, White, etc.		
	3 Widowed 4 Divo	rced	3/8/93		5			1 22110	opeury				Spech	White		
COMPLETED	15. DEC	EDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATI	ON		16b, KII	NO OF BUS	INESS/IN	DUSTRY			
	Elementary/Secondary (0		College (1-4 or 5	+)	Give kind of e. Do NOT u	work done se retired.)	during mo	ost of worldi	ng							
릴	12 Years			Ar	med 1	Force	es			Ţ	J.S.	Air	Force	е		
ő	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Surname)	_			
	James Leona	rd Gun	dling						ois C							
BE	19a. INFORMANT'S NAME (7	Type/Print)	===	11	D. MAILING	ADDRES	S (Street)	nd Number	or Rumi F	Route Number,	City or Town	n Stele 7/	in Code)		-	
6	Lois G. Jus	tice (Mother)		416 1	Myrt]	le S	t	Cris	field	, MD	218				
1	20a. METHOD OF DISPOSIT	ION		20b. PLACE						1			autor man	and the same	\dashv	
	20a. METHOD OF DISPOSITI	Ram	oval from State	cemetery, cr	ematory or o	other place)	nord:	-1 D-	vele 3	OATE			City or Ton		J	
	12 Burlet 2 Cremation 3 Ramoval from State Cametery, crematory or other place Sunnyridge Memorial Park-3/7/96 Crisfield Cr									era,	, MD					
22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home																
								21817	- 1							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvation extract.															
	ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final															
	disease or condition Angric Engagnal coat hy															
- 1	resulting in death) Due to (or as a consequence of):										ins					
z											*			1		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate											\neg				
3	CAUSE (Disease or Injury										- 1					
Ē	that initiated events	·	DUE TO	(OR AS A CONSE	OUENCE O	F):									-	
E	resulting in death) LAS	T .	d.													
2	d															
MEDICAL										WERE AUTOPSY FINOR AWAILABLE PRIOR TO	NGS					
8 1											1 YES 2 NO			COMPLETION OF CAUSE OF DEATH?		
¥.														1 YES 2 NO	- 1	
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DEA	ATH YE	S 🗆 I	NO E	UNC	ERTAIN	10						
8	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL		26. PLA	CE OF DEA	TH (Check	only one)								\dashv	
Sic	1 TES 2 NO		HOSPITAL:	ER/Outpatient	DOA	OTHER		e 5 🗆 Re	sidence	6 Other (Sp	pecify)		_			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. OEŞCRI		JURY OC	CURED		\neg	
ВУБ		Pending Investigation	(Month, D	wy, rear)	IIV.	JURY M		RK? YES 2	NO							
	2 Culate	Could not be	28a. PLACE O	F INJURY — At h	ome, ferm,	atreat, fact	ory, offic			281. LOCATIO	N (Street a	nd Numbe	r or Rural R	Dute Number	\dashv	
Ĕ		determined	building,	atc. (Specify)						City or To	wn, State)				- 1	
"	29a. CERTIFIER					_									-	
(Check only 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as at													- 1			
Š L	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE								E SIGNED	(Month, Day, Year)	\neg					
			Lu			D 3239						3/2/9	5	- 1		
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SE OF DEATH (ITE	M 27) (Type	Print)							. /		-	
	THOMAS FIN	UCAN .	M.D., VA	Marvlar	nd He	alth	Car	e Sv:	stems	s. Per	rv Po	oint	, MD	21902		
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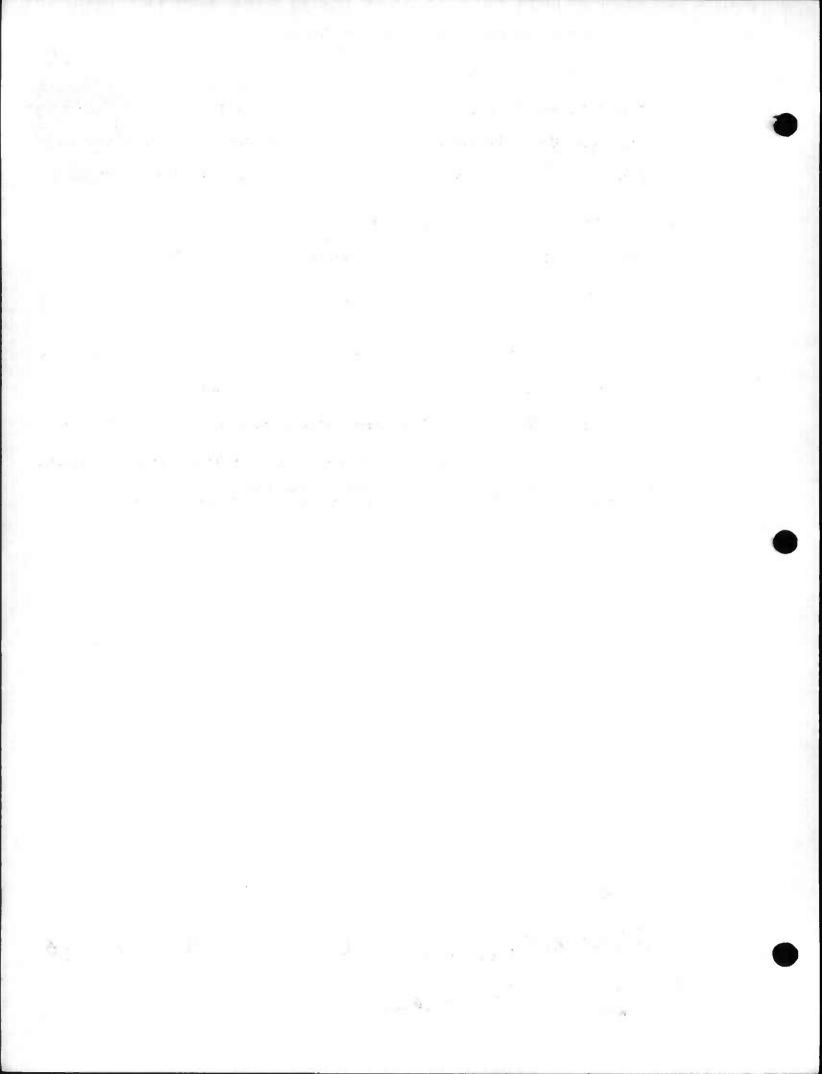
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				State	or Maryla		epartment d Certificate				Reg. No.	UE	3089	
			1. Decedent's Nema (First, Middle, Last)							2. Data of Death 3. Time of Death				
	Physici		Grossnickle.		Month Dey Year March 03, 1996 10:50 a									
4	/Medi Examir		4a. Facility Neme (If not institu	41	b. City, Town, or I				10:50 a.m					
	Lxamii	iei	Frederick Memorial Hospital						Frederic	k		deric	k	
-	Funeral		5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthday) If Under									9 Birtholi	aca (State or Foreign	
	Director		217-58-2724	1√2 M 2□ F				ays	Hours Min.	Nov 2,	1951		aca (State or Foreign	
_			Usuel Rasidance of Decedent					1		1.00		Mary	Lana	
	show		10a. Stata 10b. Cou	nty	10c. (City, Town o	r Location					10d. Inside City Limit		
	Mar Hand	to	Maryland Fred	derick		F	rederick					1 Ves 2□		
	200	Director	10e. Street and Number				10f. Zip Co	ode			Vhet Count	ry?		
	De filed within 72 hours after death with the Maryland nia! Hyglene. ed other than "natural", or items 23a or 28a-f show event, the Medical Evarrings must be notified at	0	302 College +	lvenue				217	01		1000	USA		
	Pa 2	Funeral	11. Marital Status		cedent Ever in	U.S.	13. Was Decedent	t of His	spanic Origin? (S	pecify Yas or No	14. Rec	e - Americe	American Indian,	
	tar of the tar	Fun	1 Nevar Married 2000	Armed F	orces? 2 No	1,0	If Yes, specify	Cubar	n, Maxican, Puert	o Ricen, atc.)		k, White, a		
22	II. o	þ	3 ☐ Widowed 4 ☐ Divord	If Yes G	ive		1 ☐ Yes 2)(1)	No	Specify:		Specify	: W.	hite	
21215-0020	2 hou	Pe	15. Decer	5. Decedent's Education			ecedent's Usuel O)ccupa	tion		16b. Kind of Bu	usinass/Ind	ustry	
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	filed within Hygiena. other than		17. Fether's Neme (First, Midd	le, Last)					18. Mother's Neme (First, Midd		Meiden Sumem	e)		
an	should be filed and Mental Hygi marked other imatic event, t	To Be	Chauncey Mo	organ Gros	snickle				Pansi	Dieta	Butts	ts		
Maryland	2 should be f and Mental to is marked of sumatic ever	F	19e. Informant's Neme/Reletion	onship (Type, Print)		19b M	elling Address (S	treet e	nd Number or Ru	ral Boute Numbe	or City or Town	Town, Stete, Zip Code)		
Ž	s 1 and 2 should Haalth and Mer tem 27 is marks other traumatic				/ E -									
e j	ges i and it of Haalth If them 27 or other tri		Barbara G. G: 20e. Method of Disposition	rossnickie		Plece of Di	College sposition (Neme	of		Date	20c. Location -			
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Baltimore,	nit. Pa autmen ortant: injury a.		4 □ Donetion 5 □ Other		/// [.21011			i	70770	mgersor	110, /	mat grana	
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_	40240		hally of	Licke	the		Ricketts					, MD 2	21773	
п			23a. Pert1. Entar tha deaasa, shock, or heart feilure. L	or complications that ist only one ceuse on	ceused the de	ath. Do not	enter the mode of	f dying	, such as cardied	or respiretory as	rest,		Approximete Intarvai Between	
	Physician		Onset and Death										Onset and Death	
-8	/Medicai Examiner													
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	ficate be axecuted physician and is the burial-transit	Examine	Sequentially list conditions, Due to (or es e consequence of):											
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87	the t	edicai	thet initiated events resulting in deeth) Lest Dua to (or as e consequence of):											
Box	attending I for use as	an		0					**					
	law requiras that tha death certi as been signed by the attending ? 2 should be detached for usa s	Physician/M	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did 1	the cause of death?			
P.0	at the de by the seached	Phy								1 Yes 2 No 3 Probab			ably 4 Unknown	
	as that igned to be det	by			cons multiforme						-			
of Vital Records,	v require been si should			,	hopenin						an autopsy med?	24b. Wei	ra autopsy findings llable prior to	
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o	th. After	Iţ0	1 Neturel 5 Pan	ding (IMOI stigetion	nth, Dey Year)	Inju	y M		? 'es 2 🗆 No					
Division	Attending ir death. ector: Aftai by the funs	flos	3 Suicide 6 □ Cou	mined 200. PIGC	e of Injury - At	homa, ferm,	street, fectory, of	fice		28f. Location (5	cation (Street and Number or Rural Routa Number,			
ă	or Attend after death Director: / d in by the i	Certification:	4 Homicide	build	ling, etc. (Spec	cify)				City or Tow	m, Stete)			
	To the Hospital or Attending Phywitin 2 Hours after death. To the Funeral Director: After this completely filled in by the funeral comple		29a. Certifier 1 Certifi	ying Physician: To the	e best of mv kr	owledge, de	eth occurred at the	he time	e, dete end niace	and due to the	cause(s) and me	nner as ste	ited.	
	P Fur	edical	(Check only 2 Medic	al Examiner: On the b	pasis of examination	etion and/o	r invastigetion, in	ту ор	inion, death occu	rred at the time,	dete end pleca,	and dua to	tha causa(s)	
	outh	Me	29b. Signature end title of certi				29c. Li	Licensa number			29d. Date signed (Month, Day, Year)			
		-	70 No. 11	and	7 00%			14	6 20		1401	3,1	1996	
			30. Neme and eddress of person					7	and a	1- na h	מדיות	1		
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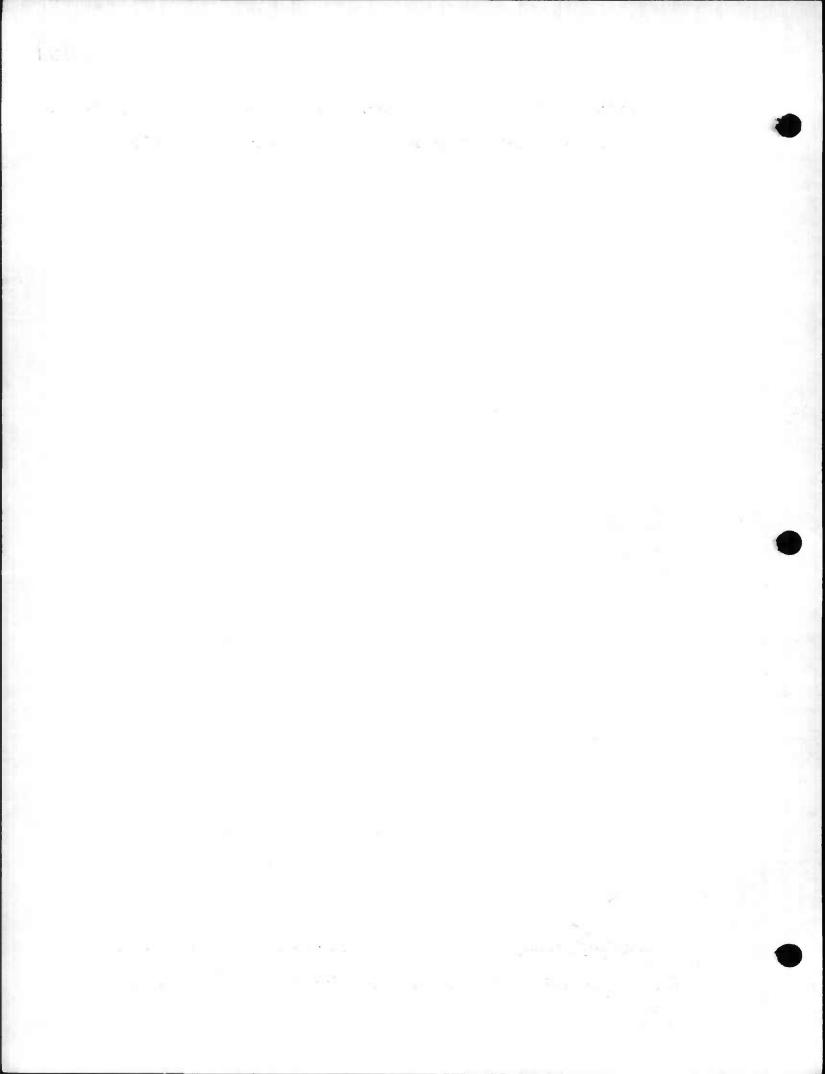
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					Cert	ificate of	Death	R	eg. No.	, 00			
Physician /Medical			1. Decedent's Name (First, Middle, Last)				2. Date of Dea Month,		Yeer	3. Time of Death			
			Donald Clayton Gilbert					March		1996	00:29 AM		
Š	Examir		4e. Facility Neme (If not institution, give street and number)				4b. City, Town, or L	ocation of Death	4c. County	of Death			
			Washington County Hospi	tal			Hagers		Wa	shingt	:on		
	Funeral	1	5. Sociel Security Number 6. Sex 7. Age (III	yrs. last birtl	"	If Under 1 Yeer Months Deys		8. Dete of Birth (Month, Day	Year)	9. Birthpled Country	ce (State or Foreign		
в	Director		220-28-8328	6 Y	rs.			Feb 28		Mary1			
	pue *		Usuel Residence of Decedent 10e. Stete 10b. County 10	c. City, Town	or Loca	ation				104	Lineldo City Limite		
	Aenyte	5						10d. inside City Limits 1 ☑ Yes 2 ☐ No					
	289	Director	Maryland Washington	нав	erst	10f. Zip Code			On Olinea of l	en of Whet Country?			
	With the second	ō		7.4.0		-							
	72 hours efter death with the Merylend netural; or flems 23a or 28a-f show dical Examiner must be notified at	Funeral	1030 Spruce Street 11. Maritel Stetus 12. Wes Decedent Ever	r in U.S.	13 W	217		ecify Ves or No-	U.S.A	e - American	Indian		
	her d	F	Armed Forces? 1 Never Merried 2 Merried 1 Yes 2 No	111 0,0.	If \	Yes, specify Cut	Hispanic Origin? (Sp pen, Mexican, Puerto	Rican, etc.)		ck, White, etc			
320	esing elitical designation of the second des	by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Year or Detes:		18	□Yes 2∏No	Specify:		Specify	White			
0-0	2 hou		15. Decedent's Education			nt's Usuel Occu		T	16b. Kind of Business/Industry				
Maryland 21215-0020	hin 7	Completed	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+)	king									
2	d wit	E O	8 0		Sa	lesman			Bread- Bakery Company				
pu	office of the very	To Be C	17. Fether's Neme (First, Middle, Last)	18. Mother's Nem	me (First, Middle, Maiden Surname)								
la	Venta Menta		Albert William Gilbert				Mary (livia M	iller				
an	end I	ľ	19a. Informent's Name/Reletionship (Type, Print)	19b.	Mailing	Address (Stree	t and Number or Rui	al Route Number	r, City or Town,	State, Zip C	ode)		
	and saith		Fern E. Gilbert - Wife				Street Ha	gerstow	n, Mary	land 2	21740		
ore	of He		20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ Removel from Stete	Ob. Pleca of cemetery	Disposit, crema	tion (Name of story or other ple	ace)	Dete	20c. Location -	City or Town	n, Stete		
Ĕ	Pag nent ant: It			Cedar	Law	m Memor	ial Park	3-6-96 I	lagerst	own. M	arvland		
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Merylen Department of Health end Mentel Hygiene. Important: if Item 27 is marked other than "natural", or Nema 23a or 28a-1 show any Injury or other traumatic event, the Medical Examiner must be notified at once.		21. Signature of Funeral Service Licensee 22. Name and Address of Facility										
00	89 = 99		Minnich Funeral Home Wilson Blvd. Hagerstown, Md. 21740										
			23e. Pert1. Enter the diseese, or complications that caused the shock, or heart failure. List only one cause on each line.	deeth. Do no	ot enter	the mode of dy	Ing, such es cardiac	or respiretory err	est,	A	oproximete nterval Between		
3	Physician						3			0	Inset end Deeth		
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) e	ured	1	ALLO	minal	April	Ane	urysm	24 hrs		
п	LAGITITICI	L	resulting in deeth) e. Due	to (or as a co	onseque	ence of):		// *					
	pa ii	Examiner	b										
	certificate be executed nding physician and use es the bunel-transit	xan	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying										
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687	licate phys s the	edicai	resulting In death) Lest Due to (or es e consequenca of):										
Вох		Physician/M	d										
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ğ	- on D	ed b	Congestive Heart Renal Failu					24a. Wes e			e eutopsy findings able prior to		
CO	s been	Completed	Mana Faila	ve				perfori	mear		pletion of cause		
Ä	he law e has age 2	E O						1 🗆 Y	as No	100	res 2□ No		
a		Be C	25. Wes case referred to medical				26. Plece of Deal				03 2010		
2	Physician: The intrinsicate hard director, page	0	examiner? 1 ☐ Yes 25 No Hospital: No inpatient	2 ER/Outs	natient	3□ DOA Ot	hor	me 5 Reside		er (Specify)			
0	문문	ņ: T	27. Manner of Death 28a. Date of Injury	28b. Ti	me of	28c. Inju		28d. Describe he					
Ö	ndin eth. r: Aft	atio	1 Anaturel 5 Pending (Month, Day Ye 2 Accident Investigation	ar) III	jury		Yes 2□No						
Division of Vital Records,	er de recto by th	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Pleca of Injury - building, etc. /S	At home, ferr	m, stree	et, fectory, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)					
Ö	rs aft al Di	Cer	4 ☐ Homicide building, etc. (Specify)						, Olaloy				
	To the Hospital or Attending Phys within Ed hours after deeth. To the Funeral Director: After this completely filled in by the funeral di	edicai	29a. Certifier (Check only (Ch	y knowledge,	death o	occurred at the ti	ime, dete and place,	and due to the cred at the time of	ause(s) and me	enner as state	ed.		
	the Hin 24		end manner steted.	Thirtiagrovi Grica	701 11110								
	5 × × × × × × × × × × × × × × × × × × ×	Σ	29b. Signaturyand tale of certifier				se number		9d. Date signe				
			wa winda	Inn		1)	46 23	1 r	Jarch	3,	1446		
			30. Name and eddress of person who completed cause of death	(Item 23a) (T	Type, Pr	rint)	4623 t. Ha						
			Albert Lai m.p 3	10	mi	11 2	t. Ha	gerst	own,	md			
	Sta	te	31. Date filed (Month, Day, Year) 32. Fegistrats	Signature				-	,				



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

							Certi	ficate of	Death		Reg. No.		000	J !
		71	1. Decedent's Nama (First, Mide	dla, Last)					-	2. Data of Dec	ath		3. Tima of 0	Death
	Physici		FRANK	JOSEPH	Ŧ		COL	RGORET	πт	Feb.	15 19	96	2:40	2
67	/Medic Examir		4a. Facility Nama (If not instituti				GOI	COLLI	4b. City, Town, or L				2.40	a
	Exami	iei				Easto	~		East			bot		
-			Memorial 5. Sociel Security Number	6. Sex		(In yrs. last bir		If Under 1 Year					niaca (Stata or	Foreign
	Funeral Director		716-05-3238	1⊠M 2□F	7.7.gu			Months Days		8. Data of Birt (Month, De	y, Year)		piaca (Stata or	ruigii
	Director		Usuel Residence of Dacedant			84				2/17/	1911	T.	taly	
	land		10a. Stata 10b. Count	ly		10c. City, Tow	n or Local	tion				1	0d. Inside City	Limits
	Mary Ch	ō	MD Caro	line		I)entc	n					XXYes :	2□No
	the 1	Director	10e. Street and Numbar					10f. Zip Coda			10= Chinan al M	Day Cour	1	
	5 6 8										10g. Citizan of W	met Cour	itr y ?	
	ath 23	Funeral	420 Colonial D				T . a . u		529		USA			
	ar de	L L	11. Maritai Status	12. Was Dec	orcas?		13. We	as, specify Cut	Hispanic Origin? (Sp pan, Maxican, Puerto	pecify Yas or No- Rican, etc.)	Hace Black	e - Americ k, Whita,	an Indian, atc.	
20	within 72 hours efter death with the Maryland ena. than "naturel", or items 23s or 28s-f show he Med cal Exemine must be notified at	by F	1 Nevar Married 2 Ma	if Yas, Gi	iva)	1□	Yes 25 No	Specify:		Specify:	: W ¹	hite	
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Ĕ	tal H od	Be	17. Father's Nema (First, Middle						18. Mother's Nem			a)		
7	should be filed vand Mantal Hygie marked other to	10	Nicholas Gor	0						Unknown				
Maryland 21215-0020	2 sh and ie m		19a. Informant's Name/Ralation						t and Number or Ru			Stata, Zip	Coda)	
	Haalth Haalth tem 27 i		Frank Gorgorett	1, Jr./soi	n				d., Savanı	-	31419			
Ore	of H		20a. Mathod of Disposition 1√2 Bunal 2 ☐ Cremetion	3 DRemovel from	State	20b. Piaca of camatai	f Dispositi ry, crema <i>l</i>	ion (Name of tory or othar pla	ica)	Data	20c. Location -	City or To	wn, Stata	
Ĕ	Pages nent of I ant: If ite		4 Donation 5 Other (Stata	Our La	ady o	of Victo	ories 2	2/19/96	Landisv	ille	, NJ	
Baltimore,	pernit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Haalth and Mantal Hygiona. Important: if item 27 is marked other than "naturel", or itema 23s or 28s-4 show way injury or other treumatic event, the Medical Examiner must be notified at ODEs.	1	21. Signature of Funeral Service	e Licensee	977	.0.0	22. N	lame end Addr	ass of Facility elfenbein	T	77			
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			23a. Pert1. Enter the disaasa, o	or compilcations that	caused ti	ha daath. Do i					rest,		Approximata	
	Physician		On											eeth
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	Examiner		disease or condition rasulting in death) Dua to (or as a consequanca of):											
		<u>-</u>			D	ua to (or as a	consequa	inca of):				į		
	tificate be axecuted ig physician and as tha burlal-transit	Examiner	V= 000 TR	b. ———	-			1.0						
~	tificate be axecuted g physician and as tha burlal-transit	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		D	ua to (or as a	consequa	nce or):				1		
200	sicia bur	8	Causa (Diseasa or Injury that initieted avants	C										
68760,	phy s tha	edical	rasulting In death) Last		Di	ua to (or as a o	consequa	nce of):						
	centii ding	-		d										
ă	attendin for usa	Physician/												
o	the d	ysl	Part li. Other significant condit	ions contributing to d	leath but	not rasulting in	n tha unda	arlying causa g	ven in Part I.	23b. Did 1	obacco uss con			
Records, P.O. Box	The law requires that the death cer at has been signed by the attendir paga 2 should be deteched for usa	4	Multiple CV	A'S AA	A	chron	JZ _	stasis	de/mats	13	Yes 2 No	3 Prol	bebly 4□U	nknown
d S	sign d be	d by		/								24h M	ere autopsy tin	adione
Ö	v require been si should	Completed	Cholelithasi	s. ASCV	D	CHF	, G	ERD			an eutopsy rmed?	av	allable prior to mpletion of ca	
Sec.	a law has t	Idu		•	,		'		,			of	death?	
_		Co	H/O Divert	iculitis	N (GT 6	lea.	e. As	pilation	101	res 200No	1[JYas 2□N	10
Įį,	ician: The cartificata rector, pag	Be	25. Was casa rafarred to medic axaminar?	ai					28. Placa of Dee	th (Check only o	na)			
	hysic this ca	2	1 Ves 2□ No	Hospitai:	Inpatiant	2 ER/Ou	tpatient	3□ DOA Ot	her: 4 Nursing He	oma 5 Rasio	ience 6 DOthe	r (Specif	y)	
Division of Vital	Attending Ph ar daath. ector: Attar th by tha funaral	5	27. Menner of Death 1. ■ Natural 5 Pend	28a. Data (Mon	of injury		Time of njury	28c. Inju	ry at ork?	28d. Describe h	now injury occurr	be		
000	ath. or: A	atic	2 ☐ Accidant inves	tigation				M 1	Yas 2□No					
Š	or Attending Physician: effar death. Director: Aftar this cartific d in by the funeral director,	t#	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicida datan	mined 288. PIECE	of injury	y - At homa, fa (Specify)	rm, streat	t, factory, offica	7	28f. Location (S City or Tox	Street and Number	er or Rure	il Routa Numb	er,
ā	s eff	Certification:			ing, ato.	(opaony)				0.1, 0. 70.	,,			
	hour Iner		29a. Certifiar 1 Cartifyl	ng Physician: To tha	best of	my knowledga	, daath oo	courred at tha t	ime, deta and placa,	and dua to the	ceuse(s) end me	nnar as s	teted.	
	To the Hospital or I within 24 hours effat To the Funerel Direct completely filled in the International Completely filled in the Intern	edical	one) 2 Madica	Examinar: On the bend man	nar state	admination and	wor invas	augation, in my	opinion, daeth occur	red at tha tima,	uata and place, a	na aua to	ma ceusa(s)	
	To t To t	Σ	29b. Signature and title of certific	Gr)				29c. Licen	sa number		29d. Data signed	(Month,	Day, Year)	
			1					D3	3294		2/15/	76		
			30. Nema and addrass of person	n who completed caus	se of daa	ith (Itam 23a) (Type, Pri		4		-/			
			Rob Lapon	M	920) Mar	Ket	St.]	sentan,	ml.	2162	9		
	Sta	te	31. Data filed (Month, Day, Yaar	7) 32. F	Registrar'	s Signatura			,					
	Registr	ar	ap' nega	Strate !	Jain	dans Prom	2.00							



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

u.			Star	e of Marylan		artment <i>rtificate</i>			ind Me		iene 9	6 0	8092				
	Physic /Media		Decedent's Name (First, Middle, Last) CHAPMAN	J.	GO	BRECH	łΤ			2. Date of Deat Month MARCH	Day	Yeer 996	3. Time of Death 12:06 A				
	Examir		4a. Facility Neme (If not institution, give street at 20 S. CARROLLTON					ALTIM	10RE	ation of Death	4c. County Balti						
	Funeral Director		5. Social Security Number 219-80-7360 Usual Residence of Decedent	7. Age (In yrs. 2	last birthday) 7 Yrs.	If Under Months	1 Year Deys	If Under 2 Hours	Min.	B. Date of Birth (Month, Day, Aug. 17,	Year) 1968	9. Birthp Coun Balti	lace (State or Foreign try) more, MD				
	Meryland a-f show	tor	10e. Stete 10b. County MD Baltimore		y. Town or Lo						•	10d. Inside City Limits 1 △ Yes 2 □ No					
	deeth with the Meryland ms 23a or 28a-f show Linust be notified at	ral Director	10e. Street and Number 20 S. Carrollton Avenu	ie		10f. Zip (Code 204			11	0g. Citizen of USA	What Coun	try?				
020	d within 72 hours efter deeth with the Menylen jiene. r than "natural", or itema 23a or 28a-f show the Medical Examinet must be notthed at	by Funeral	1 Never Married 2 Married 1 ☐	Decedent Ever in U ed Forces? Yes 2 \times No s, Give or Detes:		13. Wes Decedent of Hispanic Orlgin? (Specify Yes or No- if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1□ Yes 2☒ No Specify: 11. Race - American Inc Biack, White, etc. Specify: White						etc.					
215-0	thin 72 ho e. an *natur	Completed	15. Decedent's Education (Specify only highest grade comple Elementary/Secondary (0-12) Coll	eted) ege (1-4or 5+)	16e. Dece (Give life.	dent's Usual kind of work DO NOT use	Occupa k done d e retired,	ition u <i>ring</i> most	of working	9	16b. Kind of B	usiness/Inc	dustry				
rz pui	를 찾을 뿐	Be	17. Father's Name (First, Middle, Last)		Paint	18. Mother's Name (First, Middle, Maiden Sur							ements				
Maryland 21215-0020	permit. Peges 1 end 2 should be fi Department of Health end Mental I Important: if I tem 27 is merked of any Injury or other traumatic ever once.	10	Chapman John Gobrecht 19a. Informant's Neme/Relationship (Type, Prin			Rose Elizabeth Cason 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, 125 Gateshead Dr. Stewartstown, PA											
			Rose E. Gobrecht 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State	Place of Dispo emetery, crei wartst	osition (Nemeros)	e of her place	9)	ì	Date :	20c. Location	City or To	wn, State 17363 stown, PA				
Balt	permit. Departr Importa any Inji		21. Signature of Puneral Service Licensed			Geipl 53 Ma	e Fu	neral	Hom	e, Inc. Rock, F	'A 17	327					
	Physician /Medical		23a. Part1. Enter the disease, or complications shock, or heart failure. List only one cause Immediate Cause (Final	that ceused the death on each line.							est,		Approximate Interval Between Onset and Death				
É	Examiner	Jer	disease or condition resulting in death) a.		r as a conse			., 00	SO CIL	59/							
OX 68/60,	eath certificate be executed ettending physicien and for use as the bunel-trensit	n/Medical Examine	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last		r es a consec												
ς Ο	the d	Physician/M	Part II. Other algnificant conditione contributing	to death but not resu	ulting In the u	nderlying ca	use give	n in Part i.			/		the cause of death?				
ords, P	v requires that been signed b should be dete	by								1 To Ye	n autopsy	24b. We	ably 4 ☐ Unknown are eutopsy findings allable prior to				
T C	The lew ate hes b pege 2 s	Completed								JLAGU 10 Ye	S 2 DNO	of o	mpietion of ceuse death?				
sion or vitar	iing Phys n. After this funeral di	ation: To Be	1 □ Naturel 5 □ Pending 2 □ Accident investigation 3	1 Inpatient 2 Date of Injury (Month, Dey Year)	ER/Outpetier 28b. Time of Injury	28	c. Injury Work	r: 4 🗆 Nur	rsing Hom	(Check only only only only only only only only	nce 6 Oth	red					
DIVISION	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e.	Place of Injury - At ho puilding, etc. (Specify		eet, fectory.	office		_	of Location (Str. City or Town	, State)		Poute Number,				
	he Hosp in 24 hou he Fune pletely fi	edical	29e. Certifier (Check only one) 1 ☐ Certifying Physician: T (Check only one) 1 ☐ Certifying Physician: T (Check only one)	o the best of my know he basis of examinat manner stated.	wiedge, death ion and/or in	n occurred at vestigation, i	t the time in my op	e, date and Inion, death	l plece, er h occurred	d due to the ca d et the time, da	use(s) and mate and place,	anner as st and due to	ated. the cause(s)				
)	Tot Tot	M	29b. Signature and title of certifier	ell			C.M	number L.E		MA	RCH 0	d (Month, 18, 199	Day, Year) 9 6				
			30. Name and address of person who completed YAMONN P. KO	cause of death (Item	23e) (Type,	Print) Penn	st	reet	., Ва	altimo	re, M	aryla	and 21201				

Registrar

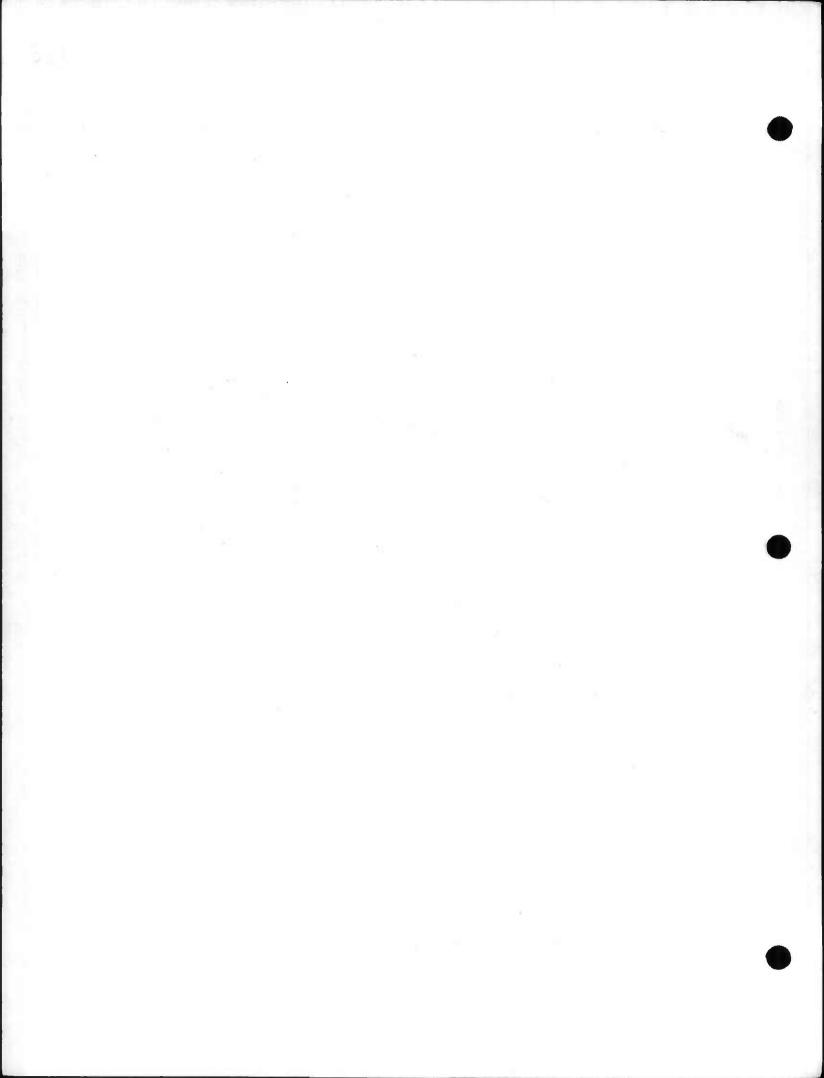
111.74 7.21

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle Last)

	ļ	1. DECEDENT'S NAME (First, Middle Last) FVOIVN R. Heiss	2	DATE OF DEATH DAY 4 PAGE 3. TIME OF DEATH									
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest	MONTHS DAYS HOURS MIN	DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)									
should		220-07-7800 1 1 M 2 XF 77 9a. FACILITY NAME (If not institution, give street and number)	9b. City, town or location of Deati	Jan 6, 1919 Maryland									
, 2. 3 sho	стов	Union Memorial Hospital	Batimore	9C. COUNTY OF DEATH									
Pages 1	DIREC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?									
permit. P		Maryland Baltimore	Upperco	1 🗀 YES 2 🛣 NO									
	ERAL	16811 Ridge Road	21155	USA									
the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES											
use as	TED	(Specify only highest grade completed) (Giv	EDENT'S USUAL OCCUPATION e kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY									
ned for	PLE	Elementary/Secondary (0-12) College (1-4 or 5 +) 5	Do NOT use retired.) Housewife	Own Home									
be detached at once.	E COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosa C. McCullough											
page 5 should be notified	TO B		MAILING ADDRESS (Street and Number or Rural Rou 6811 Ridge Road, Uppe										
		20s. METHOD OF DISPOSITION 20b. PLACE A	ND DATE OF DISPOSITION (Name of	DATE 29c. LOCATION — City or Town, State									
director, p		1 Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)											
by the funeral director, emoval.		Atturb Of the of June 12 service Licensing of the last	Stund Eline Funeral Home 934 S Main St, Hampstead, MD 21074										
d in by the or removal.		23. PART I. Enter the diseases, or complications that caused the desenbock, or heert fellure. List only one cause on each line.											
y filled i		IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Reg. A	Ventucel 1	Opent and Booth									
and completely burial, crema natic event,	Z	Sequentielly list conditions,	Let Cardio 12	aling Resusate 1 hr									
sician a prior to traum	FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury	ecular ande	ac pulme 24									
ending I Hygie or ott	CERTIF	thet initieted events resulting in death) LAST	Stense	gears.									
and Mental ay Injury, 6	CAL	PART II. Other eignificant conditions contributing to death but not re	sylting in the underlying ceuse given in Pa	PERFORMED? AVAILABLE PRIOR TO									
signed Health Jws ar	AEDI	and Corone, V	Si, ears Greth	1 U YES 2 NO OF DEATH?									
has been Dept. of 1 23 sho	N: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT		-)									
State item	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACI EXAMINER? 1 YES 2 NO 1 Nopetion 2 ER/Outpetient 3	OTHER: DOA 4 Nursing Home 5 Residence 8	Other (Specify)									
this with		27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 2 Accidents Investigation	28b. TIME OF	8d. DEŞCRIBE HOW INJURY OCCURED									
after d	тер ву	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At hor building, etc. (Specify)	ne, term, street, tectory, office	8t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)									
보이 는	OMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or in		the cause(s) and menner as stated. ne, data and pieca, and dua to the cause(s) and menner as stated.									
TO THE FUNERA De filed within 7 IMPORTANT:	BE C	290 SIGNATURE AND TITLE OF DENTIFIER	29c. LICENSE NUMBE	29d. DATE SIGNED (Month, Day, Year) SSS MARCH 4, 1986									
	TO	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	127) (Type, Print) E. Univ. Fa	arhevan Baltimore 2020									
		11. DATE FILED (MONTH, Day, Yold) MAR 7 1996 Julia Davidson Ro	Vall	/									
				DHMH-16 Rav 1/89									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



SALTIMORE, MARYLAND 21215-0020
after death. Page 6 may be retained by the hospital or attending physician.
by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

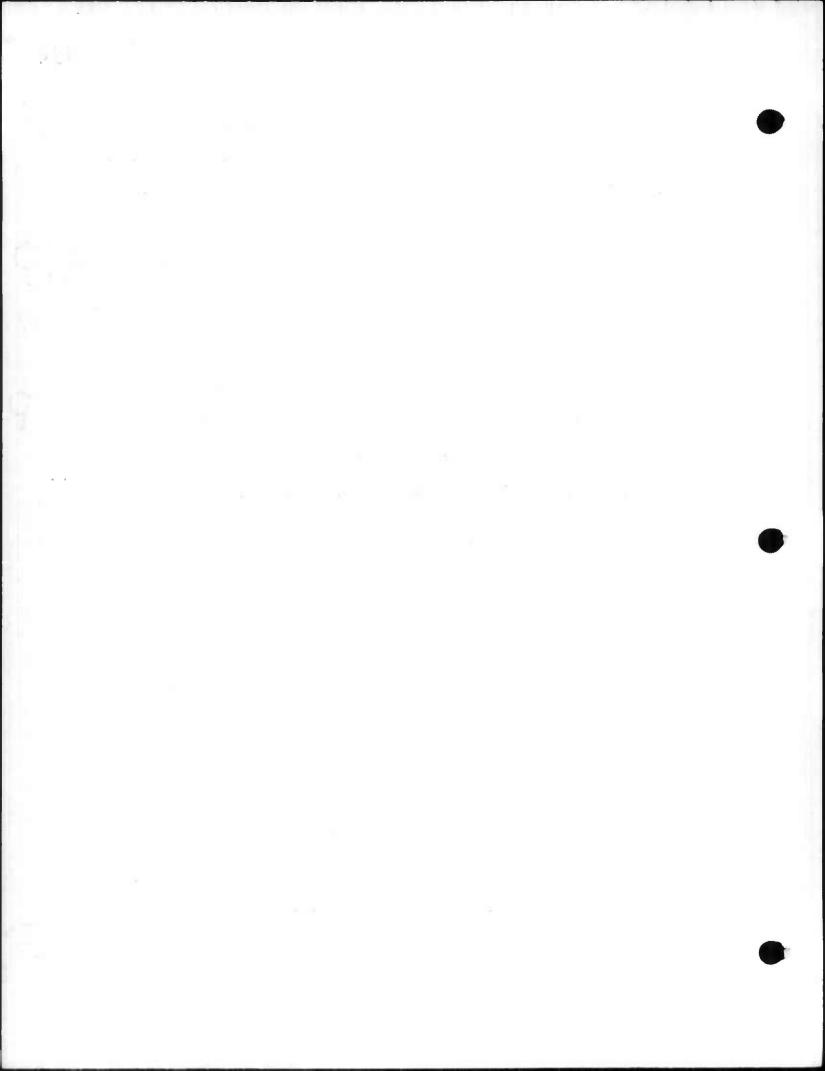
DIVISION OF VITAL RECORDS, P.O. BOX 68760

SALLIMORE, MARYLAND	cuted within 24 hours after death. Page 6 may be retained by the hosp	d completely filled in by the funeral director, page 5 should be detache urial, cremation, or removal.	tic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinur must be notified at once.

31. DATE FILED MONTH. Day, YOU'S 96

32. REGISTRAM'S SIGNATURE

1 - STATE REGISTRAR	STATE OF I	MARYLAND C		RTMENT				MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		WE44	3. TIME OF DEATH	
Boyd Melvin	Himes							Marc	h 8,	1996	YEAR	22:15 p.	
4. SOCIAL SECURITY NUMBER 201-01-5584	5. SEX	8. AGE (in yrs. is	st birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Mont Augu	of BIRTH	1915	Count	IPI ACE (State or Foreign	
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN (R LOCATI	ON OF D			_	INTY OF D	-	
St. Mary's Hospit	tal			Leo	naro	ltowr	ı			St.	Mar	y's	
10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
St. Mary's Hospital Leonardtown RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Pennsylvania Armstrong 10c. CITY, TOWN OR LOCATION Punxsutawney 10c. STREET AND NUMBER R.D. 1, Box 471, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT 14. Newer Marriad 15. Was Decedent EVER IN U.S. ARMED 15. Was Decedent EVER IN U.S. ARMED 16. Newer Marriad 17. Was Decedent EVER IN U.S. ARMED 18. Was Decedent EVER IN U.S. ARMED 19. Newer Marriad												LIMITS?	
					101	, ZIP COD						VHAT COUNTRY?	
R.D. 1, Box 471,				1576					ed S	tates			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		l II	yes, sp	ENDENT (polity Cubi 2 X NO	n, Mexics	in, Puerto	I? (Specify Yes Riceri, atc.)	or No—	Blaci	— American Indian, c, White, etc.	
AS OFFICE THE TOTAL THE STATE OF THE STATE O													
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	·)	Sive kind of a Do NOT us	work done d se retired.)	uring mo	st of worki	ng	100	16b. KIND OF BUSINESS/INDUSTRY				
	12 Railroad Fireman Railroad												
)								ME (First, Middle, Meiden Surneme)					
Christ W. Himes Cornie Deibler													
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
Jean Ludwick 110 Fraser Road, Valencia, Pennsylvania 16059 20e. METHOD OF DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION COLUMN													
1 Suriel 2 Cremetion 3 Ren 1 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, cre Mt. Can	and date of the matery or of the comments of t	of disposi ther place) emeter	TION (Na	me of	3,	/16/96				wn, State .p, Pennsylvan	
22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home 59 N. Washington St., Leonardtown, MD 20650-													
23. PART I. Enter the diseasea, Dr shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Auto Ac	ccident;	Muli	tiple	the mo	de of dy	ing, auc	h aa card	liac or reapi	ratory an	reat,	Approximate Interval Between Onset and Deat minutes	
Trauma									į				
Sequentially list conditions, if smy, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
ri sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury													
that initiated events reaulting in death) LAST	at initiated events DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significent condition	ne contribution to	death but ant -		- Ab	Faralta Fara								
	- Controlling to	deeth but hbt i	resulting	n me unc	ieriying	cause	jiven in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
												1 [] YES 2 [] NO	
DID TOBACCO USE CONT	RIBUTE TO CA					UNC	ERTAIN	4 D					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	CE OF DEAT	OTHER									
1 X YES 2 NO	1 Inpatient 2		MOD M	4 🗆 Nursi		5 🗆 Re	sidence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D	ny, Year)	26b. TIM	E OF I	28c. INJU	RK?	,	28d. DE\$	CRIBE HOW I	HURY OC	CURED		
2 X Accident Investigation	3-8	96	atz	Z) M	1 🗌 Y		NO		7	7	tole	Helidan	
3 Suicide 6 Could not be determined	28e. PLACE Of building,	FINJURY — At he atc. (Specify)	me, farm, s	treet, fecto	23	5		261. LOCA	ATION (Street or Town, State)		or Rural A	MD	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 X MEDICAL EXAMINE	CIAN: To the best of								se(e) end men	ner as stat	ed,		
29b. SIGNATURE AND TITLE OF CERTIFIE									,, 611				
m/3	4E	- 00 5	1				NSE NUM	BER				(Month, Day, Year)	
30, NAME AND ADDRESS OF PERSON AND	O COMPLETED CALL	E OF DEATH	J AND CO	0		D14	285			Mar	ch 9	, 1996	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William D. Boyd II, M.D., 17 Jefferson Street, Leonardtown, Maryland 20650													



31. DATE FILEO (Month, Day, Year)
MAR 1 2 1996

7	mmena	" / ,	FOR			TMENT OF	UPAITH AND	SAFAITAI	UVOIENE		0 00093
			1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH	MENIAL	REG. NO.		
			1. DECEDENT'S NAME (First, Middle, Last) Henry Conrad	Haltiner				2. DATE O MONTH	DAY		3. TIME OF DEATH
	^		4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		996	4:30 a. M
	pin		370-40-1901 9a. FACILITY NAME (If not institution, give:	1 🔀 M 2 🗆 F 53	YRS.	MONTHS DAYS	HOURS MIN.	Septem	ber ka		Country) lichigan
	2, 3 should	TOR	192 Fresh Pond Ne				or location of t	DEATH		St. M	OF DEATH
	Pages 1,	DIRECTOR	10a. STATE 10b. COUNT	Mary's	10c, CIT	Y, TOWN OR LOCA	ATION				10d, INSIDE CITY LIMITS?
	physician. burial-transit permit. Pages 1,	FUNERAL D	100. STREET AND NUMBER 192 Fresh Pond Ne		1-1-20		01. ZIP CODE 20680				1 D YES 2 12 NO OF WHAT COUNTRY? d States
0	al-trans	ON	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN?	(Specify Yea or		RACE — American Indian,
21215-0020	as the buri	B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 YES IF YES, GIVE WAR OR DA 1959-196		If yes, s	pecify Cuban, Maxic S 2 K NO Spec	an, Puerlo Ric	ean, etc.)		Black, White, etc. Specify: White
121	or atter	田田	15. DECEDENT'S EDU (Specify only highest grade		16a. OECEDENT'S (Give kind of tife. Do NOT us	USUAL OCCUPATI	ION lost of working	16b. K	IND OF BUSIN	IESS/INDUST	IRY
ND 2	the hospital detached for once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mecha				Automo		
MARYLAND	retained by the hospital of 5 should be detached for notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) John Desiree	Haltiner			Ruth E	AME (First, Mid lizabe	th Nor	mane) man	1,14
MA!	be retained le 5 should a notified	5	19a. INFORMANT'S NAME (Type/Print) Carolyn Ann Halti	.ner	19b. MAILING 192 Fre	sh Pond No	and Number or Rural eck Road,	Ridge, I	City or Town,	State, Zip Co. 1 20680	7e)
ORE,	ector, page must be		20s. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Rem 4 □ Donation 5 ☑ Other (Specify)	loval Irom State	PLACEAND DATE etery, crematory or o	ther place)	270	DATE 3-3-5	20c. LOCA	rion – city	or Town, State Virginia
BALTIMORE,	hours after death. Page 6 may be retained by the hospital or attending physician, ed in by the funeral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once,		21. SIGNOTOR STREET OF WICE	nafield, Jr.	mopolitan MOO52	22. NAME A	NO ADDRESS OF F	ACILITY Bri			al Home, P.A. D 20650-0279
8	d in by the or removal medical		23. PART I. Enter tha diseases, or	The state of the s	the daeth. Do r						, Approximate
	y fill ation		IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Pantreu	1 0	rcinon	na				Interval Batween Onset and Death
68760	executed within and complete o burial, cremin matic event,			DUE TO (OR AS A	CONSEQUENCE OF	F):					
õ	th certificate be execute ending physician and c I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	F):					
O. B	e death certificate be ex he attending physician a Mental Hygiene prior to jury, or other traum	TIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C DUE TO (OR AS A	CONSEQUENCE OF	F):					
S, P.		CER		d							
ä	that thed by the and the and land	MEDICAL	PART II. Other significent condition	e contributing to deeth bu	ut not resulting	n the underlyin	g cause given in		4a. WAS AN AU PERFORME	D?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
REC	requires that heen signed by of Health an shows any								x .		OF DEATH? 1 YES 2 NO
	2 Pag 2	SICIAN:	DID TOBACCO USE CONT		F DEATH YE		UNCERTAI	N 🗆			
VITAL	를 음을 들	SICI	EXAMINER? 1 YES 2 M NO	HOSPITAL: 1 Inpatient 2 ER/Oulpi		OTHER.	ne 5 🔀 Realdence	6 Other (S	Sneciful		
OF	PHYSICIAN: this certifica with the Su with the Su rked, or It	РНҮ	27. MANNER OF DEATH 1 💢 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 26c, IN.	JURY AT ORK?		RIBE HOW INJU	JRY OCCUR	ED
ON		D BY	2 Accident Investigation	26e. PLACE OF INJURY	— At home, ferm, a		YES 2 NO	281 LOCATI	ON (Street and	Number or E	Bural Route Number,
DIVISION	25 at 82	ETEC	4 Homicide 6 Could not be determined	building, atc. (Speci	Hy)			City or	Town, State)	TVD/TIDO/ GI	aren i routo reuricon,
Ō		COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge: On the basis of examination	edga, death occurre	nd at the time, date	e and place, and due	a to the ceuse	(a) and manner	r as stated.	use(a) and manner as stated.
	TO THE HOSPITAI TO THE FUNERAL DE filed within 72 IMPORTANT: IL	BE CC	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				GNEO (Month, Day, Year)
	E E E E	TO B	30. NAME AND AGORESS OF PERSON WH	COMPLETED CAUSE OF OF	TH (ITEM 27) (Type	Print)	D39979			Marc	ch 7, 1996
		- 12		,	termin well (1)/ho/						

William K. Kelly, M.D., 3 Washington Circle, N.W., Washington, D.C. 20037

132. REGISTRAR'S SIGNATURE.

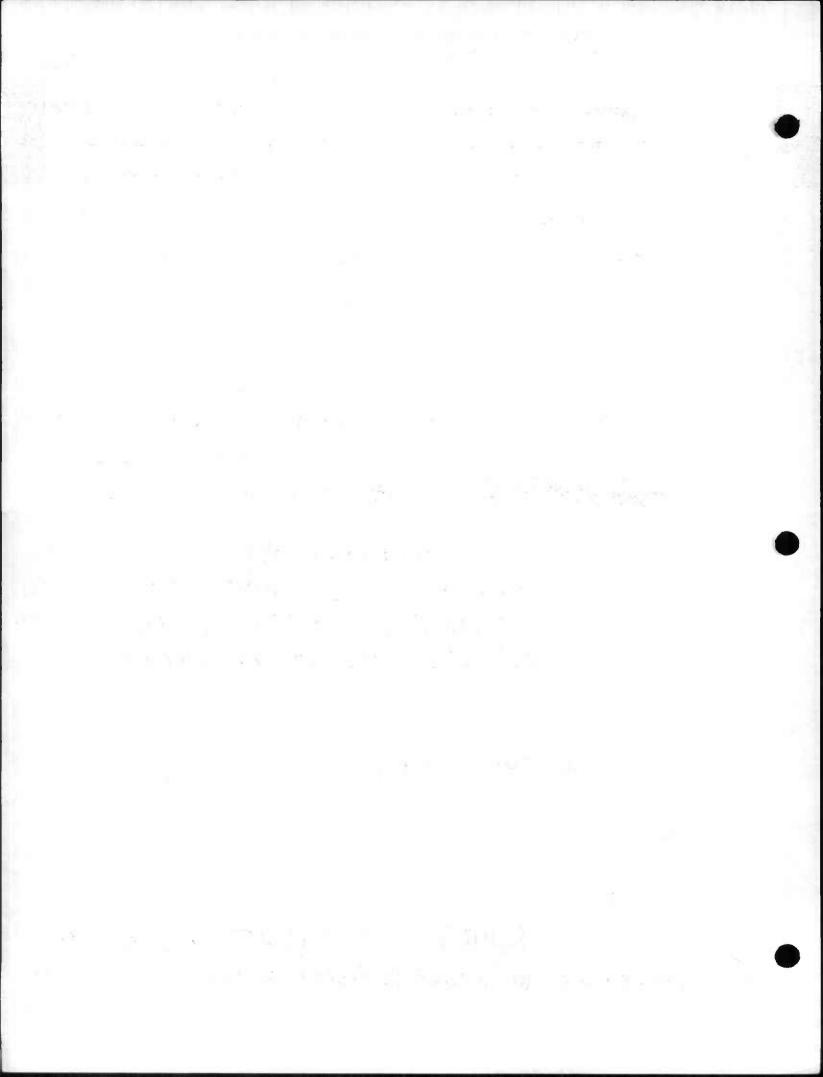
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Deett Month **Physician** Yaer MARCH 2, 1996 3 30AM HARDING SUSANNAH /Medical 4a. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. Counfy of Deeth **Examiner** Prince Georges Hospital Center Cheverly Prince Georges 8. Dete of Birth (Month, Day, Year) Nov. 18,1935 If Under 1 Year If Under 24 Hrs. 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) Birthpleca (Stete or Foreign Country) **Funeral** 1□M 2₩ F 60 Yrs. Director None Nigeria Usuel Residence of Decedent filed within 72 hours efter death with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f ehow 7 is marked other than "naturel", or Itama 23a or 28a-f sho traumatic event, the Modical Examiner must be notified at 1 Yes 2 □ No Directo Prince Georges Maryland Beltsville 10e. Street end Numbe 10f. Zip Code 10g. Citizan of What Country? 4003 Beltsville Road 20705 Sierra Leone Funerai 12. Wes Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ∑ No If Yes, Give Yeer or Detes: 11. Meritel Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 1 ☐ Nevar Marriad 2 ☐ Merrled 21215-0020 by 1 ☐ Yas 2X No Specify. 3√ Widowed 4 Divorced **Black** Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Pages 1 and 2 should be filed within nent of Health and Mentel Hygiene. int # item 27 is merked other than " Elementery/Secondery (0-12) College (1-4or 5+) Accountant Government Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) Be Emanuel MacRae 2 Eva Kromanty 19e. Informent's Neme/Relellonship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a ## Nom 27 is r or other tra Genevieve Harding 4003 Beltsville Road, #1, Beltsville, Md. 20705 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Slete 1 ☐ Burial 2 ☐ Cremetion 3X Removel from Stete permit. Page Department Important: If any Injury or once. 5 ☐ Other (Specify) Freetown 3/8/96 Sierra Leone of Eurieral Service Liv 22. Name end Address of Facility McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, Mon 3e. Pert1. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiretory errast, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner AUNDICE The law requires that the death certificate be executed Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest FR DISFAJE ettending physicien for use es the burie P.O. Box 68760 Physician/Medical ENO CARCINOMA. ed by the el Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by i 3 Probably 4 Unknown 1 | Yes 2 | No Division of Vital Records. by Completed 24b. Were eutopsy findings eveilebla prior to 24e. Wes en eutopsy performed? completion of causa of deeth? - how s hes 2000 1 Tas 1 ☐ Yes 2 ☐ No certificate or Attending Physician: effer death.

Director: After this certifica 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 Anpetlent 2 ☐ ER/Outpalient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 No 2 1 Yes 28e. Date of Injury (Month, Dey Year) funeral Certification: 27. Menner of Deeth 28c. Injury el Work? 28b. Time of 28d. Describe how Injury occurred 1 Staturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) á 4 Homlcide To the Hospital o within 24 hours of To the Funeral D completely filled 11 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medicai 29b. Slaneture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Davidson Randall 1996 051 Registrar

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	of	Death			Reg. No.	20	00	051
	B1 - 11		1. Decedent's Neme (First, Middle, La	st)							2. Date of De		Vaca	3. Tim	e of Deeth
	Physic /Medi		Richard S. Hook	er							Month Februa	Day	Year 1996	9:0	MA O
Š	Exami		4e. Fecility Name (If not institution, give)			4	4b. City, Tow	m, or Lo	cation of Deat	-	ty of Deeth	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 1.11
6			3271 South Leisu	re World	Bouley	vard		9	Silver	Spi	ring	Mor	ntgome	vv	
	Funeral		5. Sociei Sacurity Number 6. S	Sax 7. A		ast birthday)	If Under 1	Yeer	if Under 2	4 Hrs.	8. Dete of Bir	th		-	nta or Foraign
	Director		578-32-8661 Usuel Residence of Decedent	I⊠M 2□F	86	Yrs.	Months (Days	Hours	Min.	(Month, De Aug. 20	1909	Penn	sylva	ania
	yland		10a. Stata 10b. County		10c. City	, Town or Lo	cation						1	Od. inside	a City Limits
	Man Han	to	Maryland Montgom	ery	Sil	lver S	pring							1 🗆 Y	Yes 2 No
	r 28u	Director	10a. Street and Number				10f. Zip Ci	ode				10g. Citizan of	What Cour	ntry?	
	3a o		3271 South Leisu	re World	Boules	ard	2	090	16			Ilnite	d Sta	+00	
	deatl	Funeral	11. Meritel Stetus	12. Was Decedent	Ever in U.S	6. 13.	Wes Deceden	t of H	lispanic Origi	in? (Spe	ecify Yes or No	- 14. Ra	ce - Americ	can indlen	١,
0	offer Ar Its	F	1 ☐ Nevar Married 2 ☐ Married	Armed Forces			if Yes, specify			Puarto	Hican, etc.)	Ble	eck, White,	atc.	
02	ours al', c	b	3 ☑ Widowed 4 ☐ Divorcad	If Yes, Give Yeer or Detes:			1□ Yes 2X	J No	Specify:			Speci		nite	
5-0	72 hc	Completed	15. Decedent's E	ducation		16a. Dece	dent's Usuei (kind of work i	ccup	ation	of work i	ina	16b. Kind of E	Business/In	dustry	
21215-0020	thin a	npie	Elementery/Secondery (0-12)	College (1-4or	5+)	life.	DO NOT use	retired	d)	OI WOTKI	''9	Unite	d Sta	ites	
2	W G W	Co		4	4 Accountant Governm					nment	-				
Maryland	2 should be filed within 72 hours effer death with the Manyland and Mentel hygiene. Is marked other than "natural", or items 23a or 28a-f show raumatic event, the Medical Examinet must be notified at	To Be	17. Fether's Neme (First, Middle, Last,)					18. Mother	's Name	(First, Middle	, Meiden Suma	me)		
Xa	Meni Meni		Richard Hooker						Ann	ie S	Stam				
ā	s 1 end 2 should f Heelth and Mer fem 27 is marks other traumatic		19e. informant's Neme/Reletionship (ter-	19b. Meliir	ng Address (S	treet	end Number	or Rura	al Route Numb	er, City or Town	n, Stete, Zip	Coda)	
2	end eeith n 27		Jacquelyn A. Hoo	ker / in-	law				r Lane	, Be	ethesda	, Maryl	.and	2081	.4
Ore	of H		20a. Method of Disposition 1 ☐ Burlai 2 ☒ Cremetion 3 ☐	Removel from State	20b. Pie	ece of Dispo matery, crer	sition (Neme netory or othe	of or plea	a) Marcl	h	Deta 1996	20c. Location	- City or To	own, State	•
altimore,	Peg ment: I		4 Donetion 5 Other (Specif		Mon	tgomeı	y Crem	nat	orium,	In	c.	Bethese	da, Ma	aryla	and
a	permit. Peges 1 end 2 s Department of Heelth ar Important: if item 27 is any injury or other trau 2005.		21. Signetura of Funeral Service Licar	1500 11	00M	331 22	. Nama and	Addre	ss of Fecility	Rob	ert A.	Pumphr	ey Fu	nera.	1 Home
m	205 20		Barbara Jo Mc1	nullan Ja	wren	CC A	ethesd venue.	a-(chevy	Chas	se, Inc Marylan	d 2081	Wisc. 4-350		n
H			23a. Pert1. Enter the disaese, or com shock, or heart feilure. List only	plications that cause	d the deeth.								1 000	Approxir	mete
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	Examiner		resulting in deeth)	6.		es a consec			Luciic						
	D #	ine	_	Cerebra	al Art	erios	cleros	ís					1		
	and and trans	Examiner	Sequentially list conditions,	D	Due to (or	es e consec	uence of):								
Ö,	certificete be executed ading physician and use as the buriel-transit		If eny, leeding to immediate cause. Enter Undarlying Cause (Disease or injury										1		
98760	hysic the b	edical	that initiated events resulting in death) Lest	G	Due to (or	as a conseq	uenca of):								
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o R	attendi for use	lan/		6.											
	0 0 0	Physician	Pert it. Other significant conditions of	ontributing to death b	out not resui	ting in the u	nderlying caus	se giv	en in Pert I.		23b. Did	tobacco uss co	ontribute to	o the cau	se of death?
J.	law requires that the de as been signed by the a 2 should be detached t	Æ	Emphysema								10	Yss 2□ No	3 ☐ Prof	bably 4	Unknow
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VITal	Physicien: The this certificate and director, pag	Be	25. Wes case raferred to medical exeminer?						26. Plece o	of Deeth	(Check only	one)			
0	Physic this co	2	1 ☐ Yes 2 ☒ No	Hospitei: 1 ☐ tnpati	ent 2 🗆 E	R/Outpatier	it 3□ DOA	Oth	er: 4 🗆 Nurs	sing Hor	me 5 🔀 Resi	dance 6 □Ot	her (Specif	у)	
	ding Pi	:io	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Date of inju (Month, De	y Year)	28b. Tima of injury	28c.	injun Worl	y et k?	2	28d. Dascribe	how injury occu	rred		
DIVISION	Attending or deeth.	atio	2 Accident investigation	1	2. 00.		М		Yes 2 □ N	0					
Ĕ	after de Directo d in by t	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of in	jury - At hon ic. (Specify)	ne, ferm, str	eet, fectory, o	ffice		2	28f. Location (City or To	Street and Num	ber or Rura	il Routa N	lumber,
	s aff	Ce			,-,,						,	,			
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29e. Certifier (Check only one) 1 ☐ Certifying Ph 2 ☐ Madical Exam	ysician: To the best niner: On the bests of end menner st	f examinetic	iedge, death on end/or inv	occurred at t restigetion, in	he tin my o	ne, dete end pinion, death	pieca, e occurre	end due to the ed et the time,	cause(s) end m dete end piaca	enner as st	teted. the caus	se(s)
	roth vithir romp	Me	29b. Signeture end title of contribution	1			29c. L	icens	e number			29d. Dete sign	ed (Month,	Dey, Yea	r)
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			30. Name and address of person who	nompleted seves of a	looth /Itam	23a) /T	Print)	1	004549			Februar	y 29,	199	O
	27				,			,	C4 1	C=-	rine N	ID 2000) C 201	17	
0	Sta	te	Allan Cohan, M.D. 31. Dete filed (Month, Day, Year)	13975 Co 32. Registr	onnect rer's Signeti		Avenue	1	eriver	Spi	Ling, M	ID 2090	06-292	: Т	
	Registr		MAR 04 1		-	or Real									
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A SERVICE OF THE SERVICE STATE

State Registrar 31. Dete Illed (Month, Dey, Year)

MAR 04 1996



111 Penn Street, Baltimore, Maryland 21201

dress of person who completed ceusa of deeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

AT A SECOND

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Amended #20b, 3/4/96, MRT, Montg. Cty Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year **Physician** Tilla E. L. Haxby February 29, 1996 9:45 PM /Medical 4a. Facility Name (If not institution, giva streat and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 2004 Dundee Road Montgomery Rockville if Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) If Under 1 Yeer Birthplece (State or Foreign Country) 5. Sociel Sacurity Number 7. Aga (In yrs. lest birthday) **Funeral** Months Deys 1□M 2X F Yrs 98 Director 479-07-9524 Nov. 30, 1897 Iowa Usuai Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show in than "netural", or items 23s or 28s-f sho the Wedical Examiner must be notified at 1¥ Yas 2□ No Directo Maryland Montgomery Rockville 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? e filed within 72 hours efter death with 1 al Hyglene.
other than "natural", or frems 23a or 3 2004 Dundee Road Funeral 20850 United States 12. Wes Decedent Ever in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - Amarican Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 Yes 2XX No If Yes, Giva Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: þ Specify 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Self-employed Egg Farm permit. Pages 1 end 2 should be tile Department of Heelth end Mental Hy Important: If Item 27 is marked othi any lojury or other traumatic event, 2015s. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Frank Lorenc Mary Vavra 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 2004 Dundee Road, Rockville, Maryland Marie H. Krinks / niece 20850 20b. Piece of Disposition (Nema of cemetery, cremetory or other place) March 2, Dete 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signature of Funarel Sarvice Licensee M00831 22. Nama and Address of Facility Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heer failure. List only one ceuse on each line. Approximate Intervei Between Onset and Death **Physician** /Medical immediete Cause (Finel diseese or condition resulting in death) Coronary Artery Disease Examiner Due to (or es a consequence of) Examine Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events rasulting in death) Last Due to (or es e consequence of) physician s the buriel Box 68760. Physician/Medical Dua to (or as a consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease Division of Vital Records, þ 24b. Were eutopsy findinga available prior to 24e. Wes en eutopsy performed? Completed peen completion of cause of deeth? certificate 1 ☐ Yes 2 🖾 No 1 Yes 2 No Be 25. Was cese referred to medicel 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 \$\ \text{Residence} 6 Other (Specify) 2 1 Yas 2 XNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Tima of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Neturel 5 Pending efter death. 1 Yes 2 No investigetion 2 Accident the 6 Could not be determined 3 ☐ Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) à 4 Homicide To the Hospital within 24 hours a To the Funeral D completely filled 10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signeture and title of certifiar 29c. License number 29d. Data signed (Month, Dev. Year) D13595 March 1, 1996 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Carol Garvey, M.D. 250 Hungerford Drive, #101, Rockville, Maryland 20850 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State In Studen Raile Registrar MAR 04 1996

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			Certificate of Death		leg. No.	08100
	Dhunini		Decedent's Name (First, Middle, Lest)	2. Date of Dea Month	***	3. Time of Death
	Physici /Medic		Henry A. Hoffman	March	1 1996 ar	7:08 AM
	Examir		4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Lo	ocation of Death	4c. County of Dea	th
			Holy Cross Hospital Silver	Spring	Montg	omery
0	Funeral Director		5. Social Security Number 181-07-2835 6. Sex 1 M 2 F 80 Yrs. 80 Yrs. 1 Montha Days Hours Min.	8. Date of Birth (Month, Day April 6		thplace (Stete or Foreign ountry) nsylvania
	yland		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits
	e-f s	ctor	Maryland Montgomery Silver Spring			1 ☐ Yes 2 No
	th th	Oire	10e. Street and Number 10f. Zip Code	1	log. Citizen of What C	ountry?
	23a	ie.	1131 University Boulevard West, #515A 20902		USA	
21215-0020	filed within 72 hours after death with the Maryland thyglene. ther than "natural", or items 23s or 28s-f show ant, the Medical Examinat must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes, Size Yes, Size Yes, Specify Cuban, Mexicen, Puerto 1 Yes, Size Ye	ecify Yes or No- Rican, etc.)	14. Race - Am Black, Whi Specify: W	
2-0	72 ho	ted	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during most of work	ina	16b. Kind of Business	/Induatry
21	thin an	Completed	Elamentary/Secondary (0-12) College (1-4or 5+)	my		
2	or th	Con	2 Electronics Testman		RCA Elect	ronics
pu	be filed tal Hyg d othe event,	Be	17. Father's Nama (First, Middle, Last) 18. Mother's Name	e (First, Middle,	Maiden Sumeme)	
S	Men Men arka	2		ecelia	Gerdes	
Maryland	d 2 should be filed within th and Mental Hygiene. 7 Is marked other than "traumetic event, the Me		19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Run 110.1 TX 4.1 TX			
	of Health of Health of Item 27 li		Margo D. Hoffman 1131 University Blvd.W		<u>_</u>	
Baltimore,	ment of H ant: If its lury or of		20a. Method of Disposition 20b. Placa of Disposition (Name of cernetery, crematory or other place) 4 □ Donation 5 □ Other (Specify) 4 □ Donation 5 □ Other (Specify) 3		20c. Location - City or Alexandria	
Balt	permit. Pege Department of Important: If any injury or once.	Home, Inc				
			23a. Part 1. Enter the disease, or complications that caused tha daath. Do not enter the mode of dying, such as cardiac			,MD 20901 Approximate
	Physiclan i		shock, or heart failure. List only one cause on each line.			Interval Between Onaet and Death
	/Medical		Immediate Cause (Final			1 5
	Examiner		disease or condition resulting in death) Due to (or as a consequence of):			1 month
		Jer				/ month
	ificate be axecuted g physicien end as the buriel-transit	Examiner	Sequentially list conditions. Due to (or as a consequence of):		month	
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	5 0 6		resulting in death) Last			
Вох	eath certi ettending I for use a	No.	d			
	the death cert y the ettendin ached for use	SICIO	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	23b. Did to	obacco use contribut	to the cause of death?
P.0	that the de ad by the detached	Physician/N		1 🗆 Y	ee 2□ No 3□ P	robably 4 2 Unknown
	signed be det	by	Retinal degeneration			
Vital Records,	been	Completed	Benign prostate enlargement	24a. Was a perform		Were eutopsy findings available prior to completion of cause of death?
æ	0 - 0	E		1 🗆 Y	es 2 PNo	1 ☐ Yes 2 ☐ No
<u>ra</u>	iclan: The	Bec	25. Was case refarred to medical 26. Place of Death		5 70 17	
>		10	examiner? Hospital:		enca 6 □Other (Spe	cify)
n of			27. Manner of Death 1 ☑ Natural 5 ☐ Pending (Month, Dey Year) 28b. Time of lnjury work? 28c. Injury at Work?	28d. Describe he	ow injury occurred	
Sio	Attending or death. ector: After by the fune	Sati	2 Accident investigation M 1 Yes 2 No			
Division	3005	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location (St City or Town	treet end Number or R n, Stata)	ural Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai (29a. Certifiar (Check only one) 1□ Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date and placa, and manner stated.	and due to the cred at the time, d	ause(s) and mannar a ate and piace, end du	s stated. e to the cause(s)
	o the	Me	29b. Signature and title of certifier 29c. License number	2	9d. Date signed (Mon	th, Day, Year)
	->-0		1 4 1 M / 00 men	2 / /	3/	
	10		30 Name and address of parson who completed cause of death (Itam 23a) (Type, Print)		3-1-9	
	1		2101 Medie 1 Perk De # 2011 Cities Sur. MAD	/ 1	IM A	rell m.
	Sta	te	31. Date filed (Month, Dey, Year) 32. Registrar's Signature	-120	· · · · Sull	- II III . U.
	Registr		2/0/ Medical Park Dr #201, Silver Spring, MD 31. Date filed (Month, Dey, Year) MAR 04 1996			

DHMH 16 Rev 6/95

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit Pages 1 2 sebould
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	11 1110			DEFINIT	2. DATE OF D	EATH		3. TIME OF DEATH
	ZEOLIA	Y. HARL	EE			MARCH	03 A	YEAR	2:5/ PM
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	IRTN War)	6. BIRTHI	PLACE (State or Foreign
	233-42-7424	1 □ M 2 💢 F 8	3 YRS.			Apr.	30,191		iss.
or	9a. FACILITY NAME (If not institution, give s		9	b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COL	JNTY OF OE	EATH
DIRECTOR	Holy Cross Hos	pital		Silve	r Sprin	ng	Me	ONTG	OMERY
3EC	10a. STATE 10b. COUNT	4	10c. CITY, 1	OWN OR LOCAT	ION				10d. INSIDE CITY
	Maryland Mo	ntgomery	Ro	ckvil	le				LIMITS? 1 X YES 2 NO
3AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	303-A Dawson A				20850			.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Sp an, Puerto Rican,	ecify Yes or No-	14. RACE Black	- American Indian, White, etc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DAT	TES	1 TYES	2 X NO Specif	fy:		Specifi	Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND	OF BUSINESS/IN	1	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	etired.)	st of working				
MP	10th		Dome	stic			one		
	17. FATNER'S NAME (First, Middle, Last)						, Maiden Sumame)		
BE	Aaron Bishop		10h MAII INO AC	DDF00 (0)	Amano	da Pig			
2	Warren Harlee	(Son)							20050
	20a, METHOD OF DISPOSITION	205.6	PLACE AND DATE OF	NSPOSITION /A/a	n Ave.	DATE	20c. LOCATION		
	1 M Buriel 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	Gã	ate of F	leaven	Cem.	1			ring, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1.	22. NAME AN	D ADDRESS OF FA	CILITY			
	Strike 10	1) nowa	leu		DEN FUN VILLE,			7.A.	
	23. PART i. Enter the diseases, or o	complications that caused List only one cause on each	the deeth. Do not	enter the mo	de of dying, suc	th an cardiac	or reapiratory ar	rest,	Approximata
ı	IMMEDIATE CAUSE (Final	List only one cause on eac	cn line.						Interval Between Onset and Death
	disease or condition resulting in death) a. CORONARY ARTERY DISEASE OUE TO (OR AS A CONSEQUENCE OF):								
ON I	Sequentially list conditions,		R TENSI	3N					154RS
SAT	if any, leading to immediate cause. Enter UNDERLYING	6							j
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A (CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								
	PART ii. Other aignificent condition	a contributing to death bu	t not resulting in t	he underlying	ceuse given in	Part i. 24a.	WAS AN AUTOPSY		WERE AUTOPSY FINDINGS
MEDICAL	ILEUS	HYPOKALEM	iA -			- 1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME							140 1 (0 110		OF DEATH?
ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIL	NE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH	Check only one)					
IYSI	1 TYES 2 TO NO	1 Inputlant 2 ER/Output	tient 3 DOA 4	☐ Nursing Hom	5 🗆 Residence	6 Other (Spe	clfy)		
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WO	PK?	26d, DESCRIB	E HOW INJURY OC	CURED	
ВУ	2 Accident Investigation 3 Suicide 6 Could at he	28e. PLACE OF INJURY -	- At home, farm, stre-		ES 2 NO	201 LOCATION	(Street and Number	an Dumi D	A Alaba
COMPLETED	4 Nomicide 6 Could not be	building, etc. (Specif)	y)	ni radioty, office		City or Tow	n, State)	or nursi no	oute Number,
J.	29a. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my knowled	dge, death occurred a	t the time, date	and place, and due	to the cause(s)	and manner as ste	ted	
MO		R: On the basis of examination i							and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				Month, Day, Year)
TO BE	John can	mo			D 432	, 43	DA4	ARCH	4, 1996
F	38. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEAT	TN (ITEM 27) (Type, Pri	II) JOH	N CASE	4 MD			
	RASTELN NEW RE	HAS POSPITAL	405 FA	REMO	ROND	SILVER	SPRIN	1 Mi	20904
	MAR 06 1996	32. BEGISTRAR'S SIGNAT	charles						
	וכנו טע זוחווו	1/1							

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State of Maryland / Department of Health and Mental Hygiene 96 08 102

						Ce	rtificate o	t Death		Reg. No.				
	Physici	an	1. Decedent's Name (First, Middle, La	•	_				2. Date of D Month	eath Dey	Year	3. Time of Death		
	riiysici Medio ج		JoAnne E.	Ha1				1	March	1, 1996		12:58 AM		
	Examir	ner	4a. Facility Name (If not institution, gh 3200 SPARTAN	ROAD	umber)			4b. City, Town	n, or Location of Dea		of Deeth			
	Funeral			Sex	7. Age (In y	rs. last birthday	If Under 1 Yes		Hrs. 8. Date of B (Month, D	irth	9. Birthpla Count	ace (State or Foreign		
	Director		5/0-30-0234	1□ M 2 💢 F	65	Yrs.	lilloratio Coy	1100.0	FEB.5,	1931		FORNIA		
	and w		Usuel Residence of Decedent 10a. State 10b. County		10c.	City, Town or L	ocation				10	d. Inside City Limits		
	Mary Feed a	ţō	MARYLAND MONTGOM	ERY		OLNEY						1 ☐ Yes 2. No		
	r 28e	Director	10e. Street and Number				10f. Zlp Code	N)		10g. Citizen of	What Count	ry?		
	th wit		3200 SPARTAN ROA	D #2				20832		UNITED	STATE	S		
	r dea	Funeral	11. Marital Status	Armed F	edent Ever In orces?	1 U,S. 13.	Was Decedent of	f Hispanic Origin Iban, Mexicen, I	n? (Specify Yes or N Puerto Rican, etc.)		ce - America			
20	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Items 23s or 28s-f show ont, the Medical Examiner must be notified at	by F	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☑ Divorced	1 ☐ Yes If Yes, G Year or I			1 ☐ Yes 2 ☑ No Specify: Specify:							
8	2 hours	be	15. Decedent's E	ducetion		WHITE 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry								
Maryland 21215-0020	thin 7:	pie	(Specify only highest gr. Elementary/Secondary (0-12)		(1-4or 5+)	(Giv	(Give kind of work done during most of working life. DO NOT use retired)							
7	ygien er th	Be Completed	12	0		PROC	F OPERAT				NKING			
nd	tal H d oth		17. Fether's Neme (First, Middle, Last HENRY W.) ELL	TS			18. Mother's	s Name (First, Middl THA J.	e, <i>Malden Sum</i> ai FRACY	me)			
ž	should be nd Mental marked o	P	40.14			401 44 1								
N N	d 2 sl th and 7 ie r		19a. Informent's Name/Relationship (DEBORAH A. HALL	DAUGHT	FR				or Rural Route Num . ROCKVII			•		
	Health tem 27 other tr		20a. Method of Disposition	Ditoditi		Place of Disp	osition /Name of		Date	20c. Location				
E	Pages nent of H int: If ite		1 ☐ Burlel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		State	ETROPOL	ITAN CRE	MATORY	3/1/96	ALEXAN	DRIA.V	IRGINIA		
altimore,	permit. Pages 1 and 2 should be filed within 72 hours eiter death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23e or 28a-f show any injury or other traumetic event, the Medical Examiner must be notified at once.		21. Signature of Funeral Service Lice		- 0		2. Name and Ado							
m	SSESS		murie 8	Y-12	erhe	r p	URIEL H.	BARBER	FUNERAL	HOME	2 2	0882		
	TO LES		23a. Pert1. Enler the disea or com shock, or heart feilure. List only	plications that	caused the d	eath. Do not er	iter the mode of d	ying, such as ca	ardiac or respiretory	errest,	AND	Approximete		
b	Physician													
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a	EN	PHYS	EMA				1	12 YR,		
	Sale	ler			Due to	o (or es e conse	quence of):							
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, Due to (or as e consequence of):											
Ó,	e exectian and inial-tr	Ex	if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
68760,	certificate be executed ding physician and se as the burial-transit	//Medicai	that initiated events resulting in deeth) Lest	C	Due to	(or as a conse	quence of):				MARYLAND 20882 Approximete Interval Between Onset and Deeth			
9 XC	certificanding plans as a	/Me	d.											
Ď	- 63	ciar	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of											
o.	res that the death signed by the atter I be detached for u	Physiciar			eath but not	resulting in the	inderlying ceuse	given in Pert I.				the cause of death?		
S, P.	gned gned be del	ру Р										,		
ord	The law requiras that tha death ate has been signed by the atte page 2 should be detached for								24e. We	s en autopsy formed?	ave	re autopsy findings llable prior to		
ec	has be	Completed									of d	npletion of cause leath?		
E E		Con							1	Yes 2 No	1 🗆	Yes 2 No		
<u> </u>	ysicien: The is certificate director, pag	Be	25. Was case referred to medical exeminer?	Hospital:				Whor	f Death (Check only					
ō	Phys this ral dii	: To	1 Yes 2 No	28a. Date		☐ ER/Outpetie	III SLI DOA	4 LI Nuis	ing Home 5 Rescribe	sidence 8 Oti)		
0	Attending Physicien: Ir death. ector: After this certific by the funeral director,	ition	1 Naturel 5 Pending 2 Accident Investigatio	(Moi	nth, Day Year) Injury	W	ork? □Yes 2□No						
Division of Vital Record	or Atten after deat Director:	ertification:	3 Sulcide 6 Could not be determined	289. Plac	e of Injury - A	t home, farm, s	reet, factory, offic	е		(Street end Num	ber or Rural	Route Number,		
	Lai or A	Cert	* 🗆 Homode	Dulid	ling, etc. (Spe	eciry)			City or Ti	own, Stete)				
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	(Check only 2 Medical Exam	nysician: To the	e best of my l	nowledge, dea inetion end/or Ir	th occurred at the	time, dete end	plece, end due to the occurred et the time	e cause(s) and m	anner as sta	ated. the cause(s)		
	thin 2 the other	Med	one) 29b. Signature end title of certifier	and mar	nner stated.			nse number		29d. Dete signi				
	5 1 K 1		The second secon	7-2- /	40		7.00	7630		March 1				
	7		30. Neme and address of person who	completed cau		tem 23a) (Type								
	1		FRANK J. MAYC		1622	20 FRE	DERZCH	- RO	7213, 6.	AITMERS	BURG.	MD 20877		
	Sta		31. Date filed (Month, Day, Year) WAR 04 19	32	Registrar's Si	nature								
	Registr	ar	MAK U4 19	30 Jul	William	to Tark	4							

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State of Maryland / Department of Health and Mental Hygiene 96 08103

									Death			Reg. No.	, 00	0103	
	Physic	ian	Decedent's Neme (First, Middle								2. Dete of Dee Month	th Dev	Yeer	3. Time of Death	
	Physici /Medi		Dorothy C. Ho	ogan						I		, 1996	1001	8:25 AM	
	Exami		4e. Fecility Neme (If not institution		4b. City, To	wn, or Loc	ation of Death	4c. County	of Deeth						
			Crofton Conve	elesant Cen	ter				Crof	ton		Anne A	Arunde	1	
	Funeral Director		5. Social Security Number 577–20–7307	6. Sex 7. 1 □ M a⊟√F	Age (In yrs 87	. lest birthday) Yrs.	If Under Months	r 1 Yeer Deys	If Under Hours	Min.	B. Dete of Birth (Month, Day Dec. 31	, Year) , 1908	9. Birthple Country Wash	ce (State or Foreign y) ington DC	
	pu &		Usuel Residence of Decedent 10e. Stete 10b. County		100.0	ity. Town or Lo	ention						1.0		
	aryla sho	-	200	Arunde1	106. 0								100	d. inside City Limits	
	N of a second	Sch		Arunder		Croft								YYes 2□No	
	E O	늄	10e. Street end Number	D 1			10f. Zip				,	10g. Citizen of		*	
	ath a	- E	2131 Davidson						1114			United			
20	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiena. 7 is merked other than "natural", or items 23a or 28a-f show traumatic event, it a Medical Exertine must be notified as	by Funeral Director		11. Meritel Stetus 1 Never Merried 2 Merried 1 Yes, Give					Ilspenic Ori an, Mexicar Specify:	gin? (Spec , Puerto R	ify Yes or No- icen, etc.)	14. Red Bie	ce - Americar ck, White, et	lc.	
21215-0020	hour fural	8	15. Deceden	Yeer or Dete	5.	16a Dagas	Iontin I lev	ai Oaau	ation			10h Kind of D	Whi		
5	n 72	Completed	(Specify only highes		16a. Deced (Give life. L	kind of wo	ork done	during mos	of working	9	16b. Kind of B	usiness/indu	istry		
212	with than	E	Elementery/Secondery (0-12)	Coilege (1-4	/Ollege (1-40r 5+)							Bowie	Movi	e Theatre	
D	H Hyg		17. Fether's Neme (First, Middle,	Last)				18. Mother's Neme (First, Middle,			Meiden Sumeme)				
Maryland	id be ental ked c	To Be	William T. Pay								Lyles				
ary	2 should be and Menta is marked reumetic ev	-	19e. Informent's Neme/Reletions			19b. Meilir	a Address	s (Street				r, City or Town,	State Zin C	Code)	
Ž			D. Marian Ried								vie, MD			310, 24 2330,	
ē,	Haalth Haalth Iem 27 I		20e. Method of Disposition		20b.	Plece of Dispo				, 2011	Dete	20c. Location -		n. Stete	
Baltimore,	permit. Pagas 1 and Department of Haatth Important: If item 27 any injury or other to		1 Burlel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S)		16					2/06			the state of the s		
	ift. P		21. Signeture of Eunerel Service	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Clinton, MD				
Ba	Depa Impo any ir			(/.							1 Home				
			Spomes	Duy.		- 11	800	New	Hamps	hire	Ave Si	lver Sp	ring]	MD	
			23a. Part1. Enter the disease, or shock, or heert tailure. List	complications that daus only one cause or sect	ed the dee ine.	th. Do not enti	er the mod	de of dyli	ng, such es	cerdiec or	respiratory en	est,		Approximete Interval Between	
	Physician /Medical		1000	ndiata Causa (Final										Onset and Deeth	
	Examiner		Immediete Cause (Finei disease or condition resulting in deeth)	Finel Pneumonia											
			Due to (or es e consequence ot):												
	ped jist	Examiner		Advan	ced A	lzheime	r's		Dise	ase			14	years	
_	rificata be asscuted og physician and as the burlal-transit	xan	Sequentielly list conditions, if env. leeding to immediate		or es e conseq	uence ot):						i			
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387	cata phys	g	thet initieted events												
	£ 6 8	/Me	l l	d	d								i		
Вох	death cert a attendin rd for usa	lan													
0	0 6 2	Physician/Medical	Pert II. Other significant condition	ns contributing to death	contributing to death but not resulting in the underlying cause given in Pert I.							bacco use co	ntribute to t	the cause of death?	
<u>α</u> ,	requires that tha veen signed by the		Chronic Re	aal Failure							1□ Y	es 2 No	3 Probe	ably 4 Unknown	
S,	200	by	OHI OHIE KE	nar railure				-			The state of the s				
Record	v require been si should	Completed					24e. Wes en eutopsy performed?						avail	e eutopsy tindings lable prior to	
ec	S S S	pdu									of de	pletion of cause eath?			
E	E ata	ပ္ပ							1□ Yes Ž□ No		10	Yes 2 No			
Vital	Physician: The this carificata ral director, pag	Be	25. Wes case reterred to medical examiner?						26. Place	of Deeth (Check only or	10)			
of	Physic this c	2	1 ☐ Yes 2 ☐ No	Hospitel: 1 🗆 tnps		ER/Outpatien	3□ DC	OH OH	ier: 4⊠ Nu	rsing Home	e 5 🗆 Reside	enca 6 □Oth	er (Specify)		
Ē	D 20 00	:uo	27. Menner of Death 1 □Neturel 5 □ Pending	28a. Dete of In (Month, I	jury De <i>y Year)</i>	28b. Time of Injury	2	8c. injur Wor			d. Describe h	ow injury occur	red		
<u>s</u>	Attending Fire death.	catl	2 ☐ Accident Investig	etion			М	1 🗆	Yes 2□	No					
Division	To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Att completely filled in by the fur	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	a 28t. Location (Street and Number or Rural Route Number, City or Town, State)											
	Hospi 24 hou Funer fataly fill	edical	29e. Certifier (Check only one)	Physician: To the best examiner: On the bests end menner	of examine	owledge, deeth etion end/or inv	occurred estigation,	et the tir , in my o	ne, dete an pinion, deel	d pieca, en h occurred	d due to the c	ause(s) end ma lete end piece,	inner es stet end due to ti	led. he ceuse(s)	
	Vithir To th	Me	29b. Signature and title of dentifier				290	c. Licens	e number		2	9d. Date signe	d (Month, De	By, Year)	
			190	2				D 29	9571			3/1/	96		
	1		30 Name and address of never-	who completed courses	docth /li-	m 23e\ /T·						11			
	5		Dr. Paul E. Bo			, , , , ,		lii i ta	101	Crof	ftor ?	1114			
	540	to	31. Dete tiled (Month, Dey, Year)		strer's Sign		, 0	ull	. 101,	0101	LLUII, Z	.1114			
	Sta Registr		100 D		R	0 .									

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Pages 1, 2, 3 should

use as the burial-transit permit.

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31. DATE FILED (Month, Day, Year)

MAR 0 8 1996

TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h

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at OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN MARCH 4, 1996 YEAR LLOYD ROBERT HOBBLE 4:30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign IF UNDER t YEAR IF UNDER 24 HRS. oct. 2, 1931 MISSOURI 497-26-6502 XXM2 F 64 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 2414 SHADE OAK COURT WALDORF **CHARLES** DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **MARYLAND** CHARLES WALDORF 1 YES 2 XT NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2414 SHADE OAK COURT 20601 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X X YES 2 NO IF YES, GIVE WAR OR DATES KOREAN 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) st of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 CRYPTOLOGIC ANALYST U.S. GOVERNMENT 17. FATNER'S NAME (First, Middle Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) MAX ROBERT HOBBLE FRANCES NONA MOORE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VIRGINIA K. **HOBBLE- SPOUSE** 2414 SHADE OAK COURT, WALDORF, MARYLAND 20601 METNOD OF DISPOSITION

**XABurial 2 Cremation 3 Removal from State
4 Donation Coperty

**ISONATURE OF FUNERAL SERVICE FIGURATE MGB

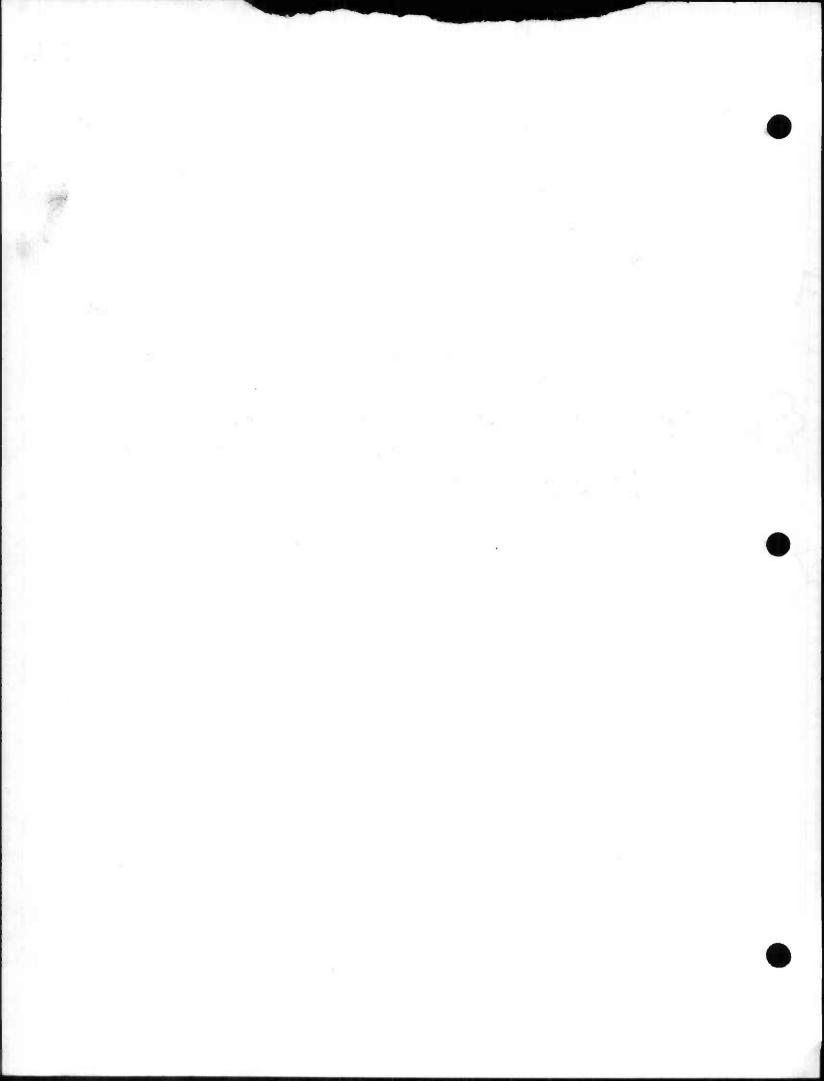
**MARK G. BROHAWN MUU053 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State MD: VETERANS CEMETERY MARCH 7, 1996 CHELTENHAM, MD THE HUNTT FUNERAL HOME, INC. P.O.BOX 156, WALDORF, MARYLAND 20604 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death CANCER- Metastatic disease pr condition 2 year) Lyng resulting in death) DUE TO OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE DE): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 1 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome 5 Residence 6 ☐ Other (Specify) 28b. TIME OF INJURY 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Watural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, straet, factory, offica building, etc. (Specify) 3 Sulcide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner se stated, (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due 29b. SIGNATURE ATTITLE OF CERTIFIER 290 LICENSE NUMBER 29d. DATE SIGNED (Month) 8 1) 2035 3 3

WOODYARD

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

Jalia Davidson Rardall



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	•	FOR STATE REGISTRAR		STATE OF MAR	RYLAN	D / DEPAR				MENTA	L HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First, I		d Wolcov	,		1/2		524	MONT			YEAR	TIME OF DEATH
	- 1	4. SOCIAL SECURITY NUMBE		nd Holsey		rs. last birthday)	IF UNDER 1 YE		IF UNDER 24 HRS.		ACH 3,			ACE (State or Foreign
모		212-20-891	4	1⊈ M 2 □ F	72	YRS.	MONTHS DA	AYS	HOURS MIN.	h, Day, Year) 15-23	ar) Country)			
should	_ 1	9a, FACILITY NAME (If not inst	titution, give stre	et and number)			9b. CITY, TO	WN O	R LOCATION OF DE	ATN		9c. COUNT	TY OF DEAT	TN .
1, 2, 3	DIRECTOR	PENINSULA R	EDENT	L MEDICAL	CEN	TER	S	AL]	ISBURY			WI	COMIC	0
permit. Pages	ORE	Md.	10b. COUNTY	rcester	rcester 10c. CITY, TOWN OR LOCATE									LIMITS?
permit	- 1	10e. STREET AND NUMBER						-	ZIP CODE				EN OF WHA	AT COUNTRY?
burial-transit	FUNERAL	P.O. Box					12 WMG	DECE	21863	HIC OBIGH	N2 /Easelfu Van		S.A	
the burial	B	1 Never Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 Nover Married 3 Nove	Aarried	FORCES? 1 VES 2 NO If yes, sp			s, spe	city Cuban, Maxica 2 NO Specify	n, Puarto		or No	14. RACE — American Indian, Black, Whita, atc. Specify: White		
for use as	LETED		DENT'S EDUCA highest grade of	CATION completed) College (1-4 or 5+) 18a. DECEDENT'S USUAL OCCUPATI (Give kind of work done during me life. Do NOT use retired.)			PATIO ng mos	most of working Paston			SINESS/INDUSTRY r- Presbyterian			
be detached at once.	E COMPL	17. FATNER'S NAME (First, Mic		5+ 7		Clergy		Church 18. MOTNER'S NAME (First, Middle, Maiden Surname) Alice McKeldon Holse					lsey	
5 should notified	10 10	19a, INFORMANT'S NAME (Ty)	•					SS (Street and Number or Rural Route Number, City or Town, State, Zip Code) OX 285, Snow HIII, Md. 2186						2
page pe m		June G. Ho			201 01					_		CATION — C		
must		1 Burial 2 Cremation 4 Donation 5 Other	3 Aamos	val from Stata	cemeter	ACE AND DATE ry, crematory or c kemie	ther place)		terian	3/				Md.21863
filled in by the funeral director, page 5 should be detached for use as the burial-tran ton, or removal. The medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE A	0 11	nis	22. NAI	De I	nnis Fu	ner	al Hor	ne		
n by the removal.	T	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
pletely filled in by the cremation, or remova			art fallure. L	lat only one cause							,			interval Between Onset and Death
				DUE TO (OR	AS A CO	ONSEQUENCE O			THE STATE OF THE S					
or to bur	CATION	Sequentielly list condition if any, leading to immedicause. Enter UNDERLY!	liata NG	OUE TO (OH	AS A CO	ONSEQUENCE O	PI:	4	Hay					~ 2/2
the attending physical Mental Hygiene pri	CERTIFICATION	CAUSE (Discose or injury that initiated events resulting in death) LAST												
e Me me	AL C	PART ii. Other significer	nt conditions	contributing to dea	ath but	not resulting	In the unde	riying	cause given in	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
signed by Health and DWS any in	MEDIC/	Multi-inforct Demention, CVA 1- YES 2 THO OF									OMPLETION OF CAUSE F DEATH?			
been sign of Heal		DID TOBACCO US		IBUTE TO CAUS	E OF	DEATH Y	ES NO	D	UNCERTAIL	N 🗆			'	YES 2 HO
e Dept.	Ž	25. WAS CASE REFERRED TO EXAMINER?			26.	PLACE OF DEA	TN (Check only	y one)			1			
certificate the State the State to or item	Signal Property of the	1 YES 2 THO		HOSPITAL:	l/Outpatk	ent 3 🗆 DOA	OTHER:	y Nome	e 5 🗆 Rasidenca	6 🗆 Oth	er (Specify)			
ter this certinate with the marked, or	Y PHYSICIAN:		Pending nvestigation	26a. DATE OF INJ (Month, Day, Y		28b. TIII	JURY	WO	URY AT RK? 'ES 2 NO	28d. DE	SCRIBE NOW I	NJURY OCCURED		
after de	TED BY	3 Suicide 6 0	Could not be letermined	26s, PLACE OF IN building, stc.	IJURY — (Specify)	At home, farm,	street, factory,	, office		28f. LO City	CATION (Street a or Town, State)	and Number	or Rural Rou	ite Number,
424	OMPLET	onel		IAN: To the best of my										and menner as stated.
F F F	BE CO	290 MATURE AND TITLE	OF CERTIFIER	ofte		esn			29c. LICENSE NUI	MBER	9	29d. DATE	SIGNED (N	Aonth, Day, Year)
FAR	일	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE O	OF DEATH			/	19 home		en	5	456	412
1	6	31. DATE FILED (Month, Day,		32. REGISTRAR'S		URE	,	- (of home	4-7	1-4.		47 Em	7 715.
L		MAR 05	1996	Jalin Davide	ar N	Wall								DHMH-16 Rev 1/6

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 08 | 06

If Under 1 Year | if Under 24 Hrs. | Months | Devs | Hours | Min.

LIEMS:	23 PARI	Ι,	II, 27,	State of Manuard / Department of Licelib and Manual I	Liveiane
28a-f.	PER MEO	FILE	M G-733	State of Maryland / Department of Health and Mental I	rrygiene

			-,	Cto!
28a-f.	PFR	MEO	FILM	6-733 Stat
3/29/	96 t	.t		0 700

Certificate of Death

Reg. No.

Physician /Medical Examine

1. Decedent's Neme (First, Middle, Last) LESTER

AUSTIN

HORNING

Deys

10f. Zip Code

2. Dete of Death MARCH

8. Dete of Birth (Month, Dey, Year)

18. Mother's Name (First, Middle, Meiden Sumeme)

DU 3 1996

JUNE 16, 1918 MARYLAND

3. Time of Death 1947

Birthplece (State or Foreign Country)

10d. Inside City Limits

1 √ Yss 2 No

21787

Approximete interval Between Onset and Deeth

P

Funeral

CARROLL COUNTY 5. Social Security Number 1MM 20F 218-01-7647

10b. County

CARROLL

4a. Fecility Neme (If not institution, give street and number)

HOSPITAL 7. Age (In yrs. last birthday) Yrs 77

10c. City, Town or Location

MANCHESTER

4b. City, Town, or Location of Deeth WESTMINSTER

4c. County of Deeth CARROLL

Director

28a-f show

23a or

items.

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d other

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any liqury or other traumatic event page.

the Medical Examiner must be notified at

Completed

Be

2

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

edical

death with the Meryland

filed within 72 hours after

Baltimore, Maryland 21215-0020

Usuel Residence of Decedent 10a. Stete MARYLAND Directo 10e. Street and Number Funeral 11 Meritei Stetus þ

3332 MAIN STREET 1 ☐ Never Merried 2 ☐ Married 3 M Widowed 4 Divorced

12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 No Yes. Give Year or Dates:

21102 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

USA 14. Race - American Indien, Bieck, White, etc. Specify

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12)

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

CAUCASIAN 16b. Kind of Business/Industry

10g. Citizen of What Country?

8th 17. Father's Neme (First, Middle, Last) **MECHANIC**

AUTOMOBILE REPAIR

HARRY

HORNING

MARALID

GREENHOLTZ 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code,

NORMA SMITH

DAUGHTER

College (1-4or 5+)

109 CARNIVAL DRIVE

TANEYTOWN, MARYLAND 21787 Dete 20c. Location - City or Town, Stete

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

20e. Method of Disposition 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 ☐ Other (Specify)

Duran

19e. Informent's Neme/Reletionship (Type, Print)

20b. Plece of Disposition (Neme of cametery, cremetory or other piece) PIPE CREEK CEMETERY

3/6/96 LINWOOD, MARYLAND

21. Signeture of Funerei Service Licensee

22. Name end Address of Fecility 136 EAST BALTIMORE STREET

SKILES FUNERAL HOME TANEYTOWN, MARYLAND 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

Physician /Medical Examiner

attending physician and for use as the burial-transit

ed by the e

8

signed by

peed

certificate has

After this

Director: d in by the

within 24 hours e To the Funeral C completely filled Hospital

3 effer

death.

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,

or Attending Physician:

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury

Immediate Cause (Final disease or condition resulting in deeth)

MULTIPLE INJURIES

Due to (or es e consequence of):

Due to (or es e consequence of)

Due to (or es e consequença of):

thet initieted events resulting in deeth) Last

Pert tf. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f.

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AND CHRONIC OBSTRUCTIVE

24e. Wes en eutopsy performed'

26. Plece of Deeth (Check only one)

24b. Were eutopsy findings available prior to completion of cause of death?

1 Yes 2 No

25. Wes case referred to medical

PULMONARY DISEASE

XXYes 2 No 27. Menner of Deeth 1 Netursi

5 Pending investigation 6XX Could not be determined

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3XXXOA 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 3-3-96

7:14

NURSING HOME

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 Yes 2 XX

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred SUBJECT FELL OUT OF WINDOW

CARROLL COUNTY, MD.

1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) LONGVIEW NURSING HOME

29e. Certifier (Check only

2 Accident

4 \(\text{Homicide} \)

3 ☐ Suicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title of certifier

29c. License number O.C.M.E

29d. Dete signed (Month, Day, Year) MARCH 04,1996

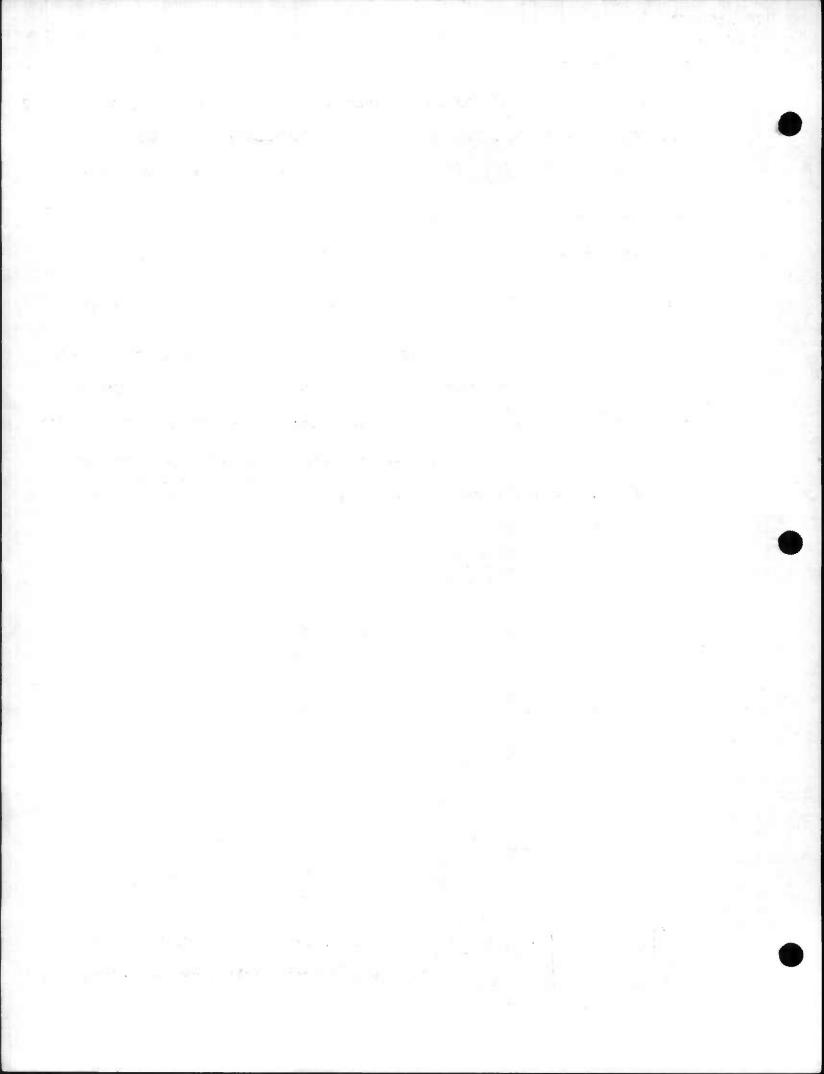
ompleted cause of dead (Nem 23a) (Year, Pict) Penn Street, Baltimore, Maryland 21201 30. Name end eddress of person who

31. Dete filed (Month. per)

1996

32. Registrer's Signeture This Savder Radell

State Registra



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flowers after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

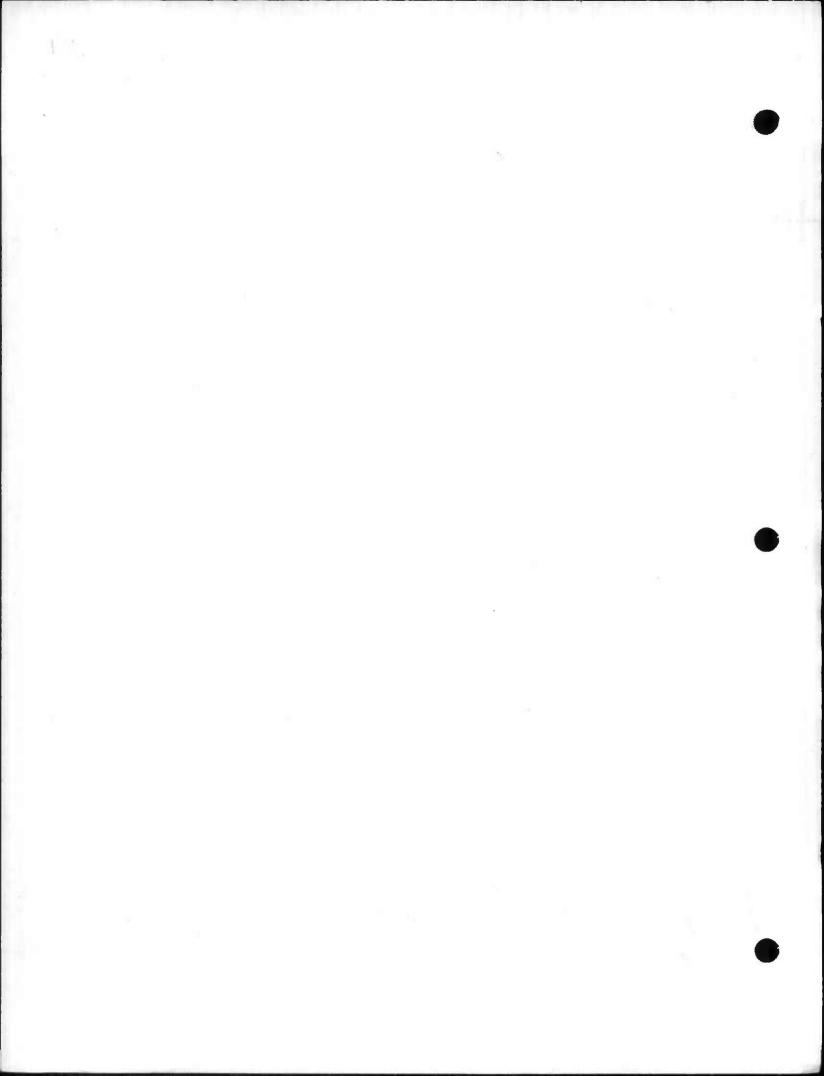
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		STATE OF M			TMENT OF	HEALTH AND	MENTA	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Mi Gertrude Luc								2. DATE OF DEATH 0. D.				
3	4. SOCIAL SECURITY NUMBER 218-28-0760	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 82. YRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Month, Day Jear) Feb. 11, 1914 8. BIRTHPLACE (Stote or Foreign Country) North Carolina						
	90. FACILITY NAME (If not institu		9b. CITY, TOWN OR LOCATION O										
HOT.	Westminster		scent		Wes	tmin	ster			Carroll			
DIRECTOR	MD 100. STATE 10	Ob. COUNTY	011	10c. CITY, TOWN OR LOCATION Westminster					10d. INS LIN 1 YE				
	10e. STREET AND NUMBER					1	H. ZIP CODE			10g. CITIZE	N OF Y	WHAT COUNTRY?	
FUNERAL	215 Bertie						211		United Stat				
BY FU	11. MARITAL STATUS 1 Never Married 2 Me 3 X Widowed 4 Divorce	erried	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes, s	CENDENT OF HISPAI pecify Cubers, Maxica 5 2 X NO Specif	n, Puerto		a or No— 14. RACE — American Indian, Black, White, atc. Specify: White			
0	15. DECED (Specify only hi	ENT'S EDUCAT	TION	164		USUAL OCCUPAT		168	b. KIND OF BUS	INESS/INDU	STRY		
COMPLETE	Elementary/Secondary (0-12)		College (1-4 or 5 +)	life. Do NOT u	work done during in se retired.) cered nu				r	nurs	sing home	
Ŏ.	17. FATHER'S NAME (First, Middle	1.70					18. MOTNER'S NA	ME (First,	Middle, Maiden	Surname)			
BE (Nash Denn							_	ane Car	-			
2	19a. INFORMANT'S NAME (Type Carol Wilhe				19b. MAILING 215 Be	ACCRESS (Street Prtie Av	enue., W	estm.	inster	, Stetn, Zip C	ode) 2115	57	
	20a, METNOD OF DISPOSITION 1 M Burlel 2 Cremetion 4 Donetion 8 DOther (Sc	3 Remove	al from Stata	20b. PL/ cametery	PLACE AND DATE OF DISPOSITION (Name of 03/04/pg 20c. LOCATION — City or Town, State Pikesville, M								
	21. SIGNATURE OF FUNERAL S	SERVICE LICEN	NSEE				mietobas Fa						
j.	* Katheren	is fr	itts - No	Withe		4	12 Washi	ngto	n Rd.,	West	nins	ster, MD	
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									Approximate interval Between Onset and Death 4 MM1 6 MM1			
ERTI	that initiated events resulting in death) LAST	L.	002 10	(OR AS A CO	S A CONSEQUENCE OF):						İ		
AL C	PART II. Other significent	conditions	contributing to	death but r	not resulting	In the underlyi	ng csuse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC								CON			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
W	DID TOBACCO) USE C	CONTRIBUT	E TO C	AUSE O	F DEATH	YES N	0 0	-			1 YES 2 NO	
Ä	25. WAS CASE REFERRED TO N EXAMINER?					28. 1	LACE OF DEATH (Ch	eck only o	ne)				
YSI(1 TYES 2 THO		HOSPITAL:	ER/Outpatler	patient 3 DOA OTHER:								
ВУ РН	27. MANNER OF DEATH 1	ending restigation	28e. DATE OF (Month, D		28b. TIN	IE OF 28c. IN	28d. DEȘCRIBE HOW INJURY OCCUREO						
	3 Suicide 8 Co	ould not be termined	28e. PLACE O building,	At home, ferm,	street, factory, off	. factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
OMPLET							e and piece, end due death occured at the) end manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER										29d. DATE 5	SIGNEO /4/	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	truin	100	2	21	15	7		
	31. DATE FILEO (Month, Dev. Year	er)	32, REGISTRA	R'S SIGNATUI	RE 2		-u-		0 1				
	MAR 5	1996	Jali Da	uclish	ardall								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month HARSH Margaret Gertrude 0925 1 march 1994 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital WASHINGTON Hagerstown If Under 24 Hrs. Hours Min. if Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys 1 ☐ M 2 ☐ F Yrs. Director 214-09-7017 Sep.21,1914 Maryland Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental hygiane. Int: if them 27 is marked other than "natural", or items 23a or 28s-1 show 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits is and Mental Hygians.
7 is marked other than "natural", or items 23s or 28s4 ebov traumatic event, the Medical Examiner must be notified at Washington 1 Yes 2 XNo Director Hagerstown 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 17530 Lincolnshire Rd. 21740 USA Completed by Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Merrled 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No 3 X Widowed 4 □ Divorced Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Lab.Tech Medical 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Charles Α. **Betts** Lucretia Rager 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 16723 Sterling Rd. Williamsport, MD 21795 Ann Baker or other t 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlei 2 □ Cremetion 3 □ Removel from State Department of important: If any injury or Greenlawn Memorial Park 3/7/96 Williamsport, MD 21795 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport,MD 21795 In the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, wheart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical immediete Cause (Finel diseese or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed bunal-transit Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): and Box 68760. Physician/Medicai Due to (or es e consequenca of) 88 esn P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the causs of death? ate has been signed by page 2 should be detact 1 ☐ Yes 2 No 3 Probably 4 Unknown galure Division of Vital Records, à 24b. Were autopsy findings evelleble prior to Completed 24e. Wes en eutopsy completion of cause of deeth? 2 No certificate 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: director, Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this filled in by the funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 24 hours after death. 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the bast of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner steted. within 24 hou To the Funer completely fil 29a, Certifier Medical To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dav. Year) 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) J. A. Carrotta.

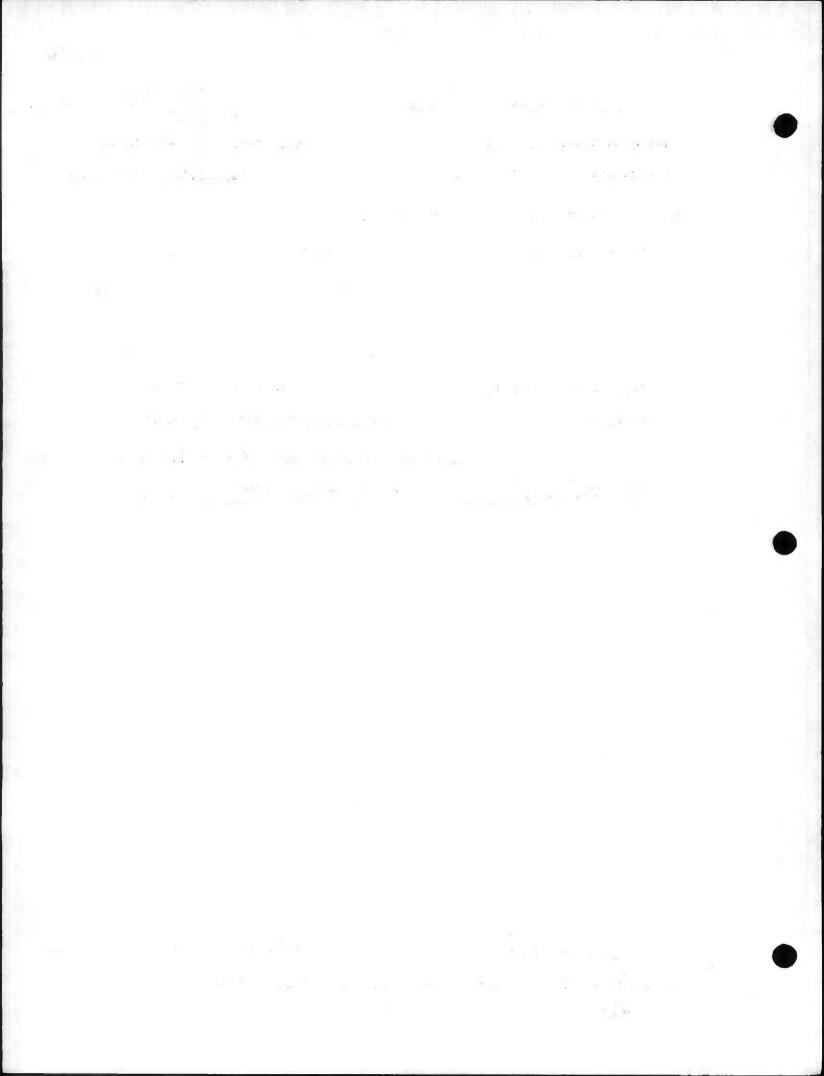
31. Dete filed (Month, Dey, Year)

MAR - 6 1996 12931 Oak Hill Ave. Hagerstown, MD 21741 J.A.Carbonell, MD

32 Registrar's Signeture

DHMH 16 Ray 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Physician Year march HOUSEHOLDER 12:46 Arnold Clifdord 1996 /Medical 4a. Fecility Neme (If not institution, give street end number) 4c. County of Death 4b. City, Town, or Location of Deeth **Examiner** WASHINGTON Washington County Hospital Hagerstown If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 100 M 2□ F Deys Yrs Director Maryland 220-30-9688 Dec.2, 1924 Usuel Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28=4 show any Injury or other transmitted event, The Medical Experiment was been notified at 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Washington 1 Yes 2 No Williamsport Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21795 8130 Avis Mill Rd. USA Funeral 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1□ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 3 laborer Retail Feed Distributer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Householder Susanne 2 Clifford Joseph Edith. 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) E.Diann Householder 8130 Avis Mill Rd. Williamsport, MD 21795 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3/7/96 Hagerstown, MD 21742 Rest Haven Cemetery 21. Signeture of Funeral Service Licansee 22. Name end Address of Facility
OSBORNE FUNERAL HOME P.O.Box # 348 6 Williamsport, MD 21795 23e. Pert1. En of the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, of heart feilure. List only one cause on each line. Physician /Medical Immediate Cause (Final Examiner VOCAL Hospital or Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequença of) physician the buriel Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I 23b. Did tobacco use contribute to the cause of death? Coronary 1 Yes 2 No 3 Probably 4 Unknown ρ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed certificate 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA Certification: To 1 Yes 2 No within 24 hours efter deeth. To the Funeral Director: After this 27. Menner of Deeth 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigetion 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29e. Certifier Medical (Check only 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) 29b. Signature and 1986 of certifie 29d. Dete signed (Month, Day, Year) 30. Name and address of person with completed cause of deeth (Item 23e) (Type, Print) Mill St. Hagerstown Md m.D 354 apuc his

State Registrar

31. Dete filed (Month, Dey,

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Box 68760,

Division of Vital Records, P.O.

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State of Maryland / Department of Health and Mental Hygiene

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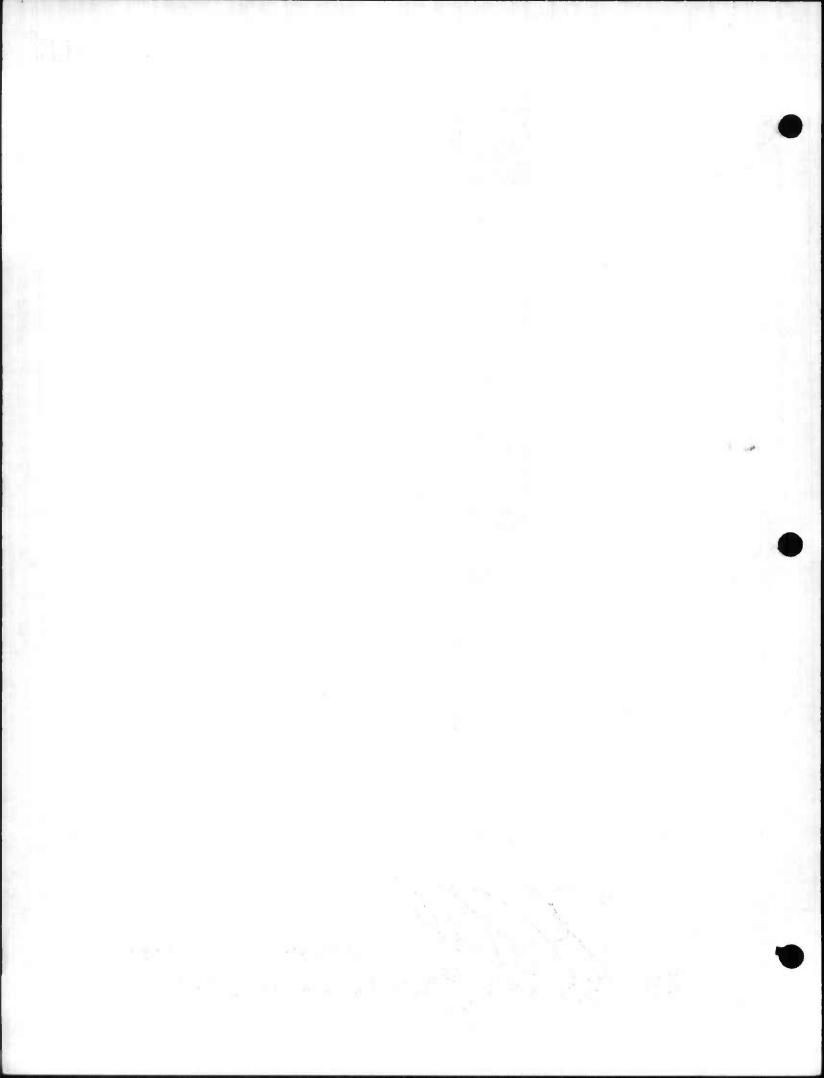
DHMH 16 Rev 6/95

				State of M	aryland		artmen rtificate			nd Mental Hy	giene Reg. No.	0 0	0112
	Physic /Medi		1. Decedent's Name (First, Middle, L YVETTE	LORRAINE			JOHNS	SON		2. Dete of De Month MARCH	Day	1996	3. Time of Death
	Examir		4a. Fecility Name (If not Institution, gi						RANDA	LS CLIF	F CAL	y of Deeth VERT	
	Funeral Director		215-78-2350	Sex 7. Ag 1 ☐ M 2 🛣 F	e (In yrs. le 30	Yrs.	If Under Months	1 Year Deys	Hours	Hrs. 8. Date of Bir Min. (Month, De June	th Year) 1965	Coun	ace (State or Foreign try) yland
	ith the Maryland or 28a-f show se notified of	Director	Usual Rasidence of Decedent 10e. State 10b. County			, Town or Lo	ake Be	Code			10g. Citizen of		Od. Inside City Limits 1 □ Yes ②
020	in 72 hours after death with the Maryland "netural", or items 23e or 28e-f show ledical Exeminer must be notified at	by Funeral	3951 Calvert Ave 11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 X I If Yes, Give Year or Dates:	Ever In U,S					n? (Specify Yes or No Puerto Rican, etc.)		SA ce - America ck, White, e	etc.
21215-0020	d within 72 ho jiena. r than "natur m Med cal	Completed	15. Decedent's Elemantary/Secondary (0-12)	ducation ade completed) Collega (1-4or 5	5+)	16a. Dece (Give lifa.	dant's Usua kind of wor DO NOT us	l Occup k done e retire	etion during most o	f working	16b. Kind of 8	Business/Ind	ustry
and 2	THE RESERVE TO SERVE THE PARTY NAMED IN	Be	12 17. Father's Name (First, Middle, Las			Proc	essor	· A		Name (First, Middla		ne)	ng
Maryland	s 1 and 2 should be filed if Haalth and Mantai Hyg Item 27 is marked other other traumatic event,	To	John Norman 19a. Informant's Name/Relationship	-	Sr.		Ξ.	1		or Rural Route Numb	er, City or Town		,
Baltimore,	permit. Pages 1 and 3 Department of Health Important: if fem 27 I any Injury or other tr. once.		Richard King/Unc. 20a. Method of Disposition 1 XBurial 2 Cremation 3 I 4 Donation 5 Other (Speci	Removal from State	ca	roll V	vester Vester 2. Name an	ne of ther plea n C d Addre	ce) emeter ss of Facility	ince Frede Date y 3/12/96 Sewell Fu Rd. Prince	20c. Location Prince	- City or Too Fred Iome	erick, MD
	Physician /Medical Examiner	1	23a Parti Enter the disease, or con- nook, or heart failure. List only Immediata Cause (Final disease or condition resulting in deeth)			Do not ent	er the mode	e of dyir	ng, such as ca		rrest,		Approximata Interval Between Onset and Deeth
Box 68760,	death certificata be axecuted e attanding physician and of for use as tha bunal-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last	C		as a consac as a conseq							
P.O. B	t the	Physician/Me	Part II. Other significant conditions	contributing to death be	ut not resul	ting in the u	nderlying ca	ause giv	en in Part I.	23b. Dld			the cause of death?
Vital Records,	aw requiras ts been signi 2 should be	Completed by									an autopsy prmed?	eva	ora autopsy findings illable prior to appletion of cause leath?
/ital F	That at a	Be Cor	25. Was casa referred to medical examiner?						26. Place o	1) To Death (Check only	Yas 2□No one)	1)5	Yas 2□ No
Division of \	Phys this rai di	Certification: To	1 X Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigation 2 Accident 6 Could not to	016116	ry y Year)	R/Outpatier 28b. Time of Injury	P M 2	8c. Injur Wor 1 🗆	4 LI Nurs	, subjec	how injury occur	nd st	nbbed
<u>S</u>	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune		4 Homicide determined	building, ato	c. (Specify)	Hon	ne			Randles	Cliff ca	51 Cali	rert Ave
	To the Hospital within 24 hours To the Funeral completely filled	Medicai		nysician: To the best of niner: On the basis of and menner sta	examination	on and/or in	estigation,	in my o	ne, date and j pinion, death e number	piace, and due to the occurred at the time,	date and place,	and due to	the cause(s)
	5348		Dennis 1	J. Churte	no		0	.C.	M.E		ARCH 0	7,19	96
	7		30. Name and address of person who	completed cause of de	eath (Itam :	23a) (Type, 1111	Print) Penn	St	reet,	Baltimo	re, Ma	ryla	nd 21201

State Registrar MAR 1 2 1996 July Sandall

				State of Maryla		epartment of Certificate of				96	U	3113
			Decedant's Name (First, Middla, Last)		_	Continuate of	Doutil	2. Dete of De	Reg. No.		3 T	me of Death
П	Physici		Grace Helen John					Month March		996 Yaar		00 a.m.
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	Funeral		Social Security Number 6. Sax		. last birtl	hdey) If Under 1 Yeer	r If Under 24 Hrs.	8. Data of Birt (Month, Da	h	9. Bi	rthplace (S	itete or Foreign
L	Director		217-26-5196 ^{1□}	M 28.F	79 ⁹	rs. Months Days	Hours Min.	Sept	2 19	16 Pen	nsylv	vania
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	aho and and	Į.	MD Carr			stminster						ida City Limits Yas 2 No
	s 1 and 2 should be filed within 72 hours efter deeth with the Maryland of Health and Mental Hygiene. Item 27 Is marked other than "natural", or items 23a or 28a-f ahow other traumstic event, the Medical Examinst must be notified at	Director	10e. Street and Number 547 Ridge Road			10f. Zip Code 21157				an of What C	Country?	
	eth v	Funeral										
	item Item	- nu	11. Maritel Stetus 1 Nevar Married 2 Married	12. Was Decedent Ever in U Armed Forcas?	J,S.	13. Was Dacedant of If Yas, specify Cul	Hispenic Origin? (Si ban, Maxican, Puert	pecify Yas or No- o Rican, etc.)	14	 Rece - Am Black, Whi 		an,
20	I', or	by F	3 Widowed 4 Divorced	1 ☐ Yes 2 ⊠ No If Yas, Giva Yaar or Datas:		1□ Yas 2区 No	Specify:			Specify:	W	nite
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			23a. Part1. Enter the disease, or complice shock, or heart failure. List only on	cations that caused the daa	th. Do n					50017	Appro	ximate
f	Physician		Shock, of Healt failule. List only on	a cause on each ima.							Onse	al Between and Death
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0.	a dee the et hed fo	sici	Pert il. Other significant conditions cont	tributing to death but not ra-	sulting In	tha undarlying causa g	iven in Part I.	23b. Did 1	obacco u	ise contribut	e to the c	tuse of death?
<u>a.</u>	res that tha de signed by the e I be detached f		Alzhermers D	e me netica				10	Y98 3E	QNO 3□ F	Probably	4 Unknown
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5	Physician: rthis certific ral director.	To B	exeminar? 1 ☐ Yas 2 No	ospital:	ER/Out	patient 3 DOA	26. Placa of Dea ther: 4 ☐ Nursing H	oma 5□ Rasio		□Other /Sp	ecify)	
	ding Ph h. After th funeral		27. Mannar of Deeth	28a. Data of Injury (Month, Day Year)	28b. Ti	ma of 28c. Injury Wo		28d. Dascribe I				
SIO .	Attending or deeth.	catio	2 ☐ Accidant invastigation]Yas 2□No					
	X = = c	Certification:	3 ☐ Suicida 6 ☐ Could not be determined	28e. Plece of Injury - At h building, atc. (Speci	noma, fan ify)	m, street, factory, office		28f. Location (S City or Tow		Number or F	Rural Route	Number,
_	file all		29a. Certifiar Certifying Physi	isian: To the best of my kno	nwighted	double occurred at the s	ime data and place	and due to the	course(s) -	and meaner	hateta a	
	To the Hos within 24 h To the Fun completely	edical	(Check only 2 medical Examin	er: On the basis of examination and mennar stated.	aylon and	or Investigetion, in my	opinion, daath occu	rred at tha tima,	data and p	place, and du	a to the ca	use(s)
	To the within 2 To the formulation of the formulati	Me	29b. Signature and title of certifier	1/11	/	29c. Licen	se number		29d. Data	signed (Mon	nth, Day, Y	ear)
			1 47	BUX		1)35	7949		3	5-8-01	6	
			30 Name and address of person who con	migrated cause of death (10)	3a) (1	Type Print)						

State Registrar



Please Type or Print In Biack Indelible Ink. Assure All Copies Are Legible. Amende #10d, 3/5/96, MRT State of Maryland Department of Health and Mental Hygiene 96 Amended #17, 18, 2/28/96, MRT, Montg. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month February 27, 1996 8:03 a.m. Alida Johnson /Medicai 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Rockville Nursing Home Rockville Montgomery If Under 1 Year If Under 24 Hrs. 8, Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funerai** Deys 1□M 2√2F Yrs. 217-36-6515 Director 81 May 6, 1914 Belgium Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland nent of Health and Mental Hyglene. mit: if terms 23 a or 28 a f ahow mit: if terms 21 a or 28 a or 28 a f ahow into or other traumatic event, materials are injectived in an iny or other traumatic event, materials are injectived at 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits HATTES 2 No Director Maryland Montgomery Gaithersburg 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 14509 Kings Grant Street 20878 United States Funeral Wes Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American indien, Bieck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ₩ Widowed 4 Divorced White Completed 18a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Registered Nurse Nursing +217. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Alphonse Isidoor Amelia VanCalster Amelia VanCulster Isodore VanWoensel VanWoensel 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14509 Kings Grant St., Gaithersburg, MD 20878 Morris E. Johnson, Jr. / son 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Department o Important: If eny Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) 3/1/96 | Brentwood, Maryland Fort Lincoln Cemetery 21. Signeture of Funeral Servica Libertal 22. Neme end Address of Fecility De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 23a. Pert1. En in the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or least the are. List only one cause on each line. Approximete intervel Between Onset and Deeth Physician /Medicai Immediete Cause (Final diseese or condition resulting in deeth) . Cerebrovascular Accident 1 Week Examiner Due to (or es e consequence of) Examiner Previous Cerebrovascular Accident 1 Month physician and the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) use isigned by the ail Pert II. Other significant conditions contributing to death but not resulting In the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2X No 3 Probably 4 ☐ Unknown Records, þ 24b. Were autopsy findings evelleble prior to Completed 24e. Was an autopsy performed? peen completion of cause of death? page 2 certificate 1 ☐ Yes 2 No 1 Yes 2 No Division of Vital Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) ပ 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: After 1 Neturel 5 Pending To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun 1 Yes 2 No Investigation 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the ceuse(s) end manner as steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner steted. 29b. Signature and fittle of certifie 29c. License number 29d. Dete signed (Month, Day, Year) February 27, 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) R. Schulman, M.D. 9410 Old Georgetown Rd., Bethesda, Maryland 20814 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

This Davidson Rowlall

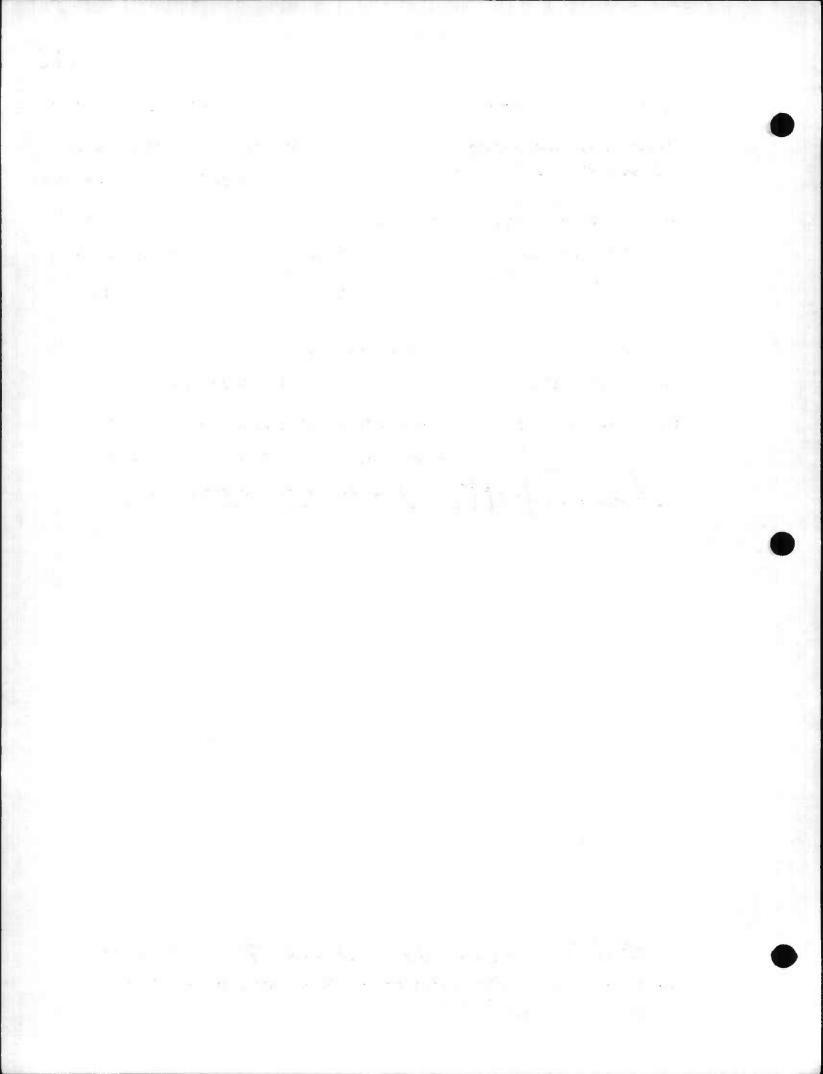
DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 0811

					Certi	ficate of	Death		leg. No.		
Physicia	ın	Decedant's Nama (First, Middla, L. Toho						2. Data of Dea	Davi		Tima of Death
/Medic		John	Johnson					March 3	_		745A
Examine	er	4a. Facility Nama (If not institution, gi	va street and number)	•			4b. City, Town, or L	ocation of Death	4c. County	of Death	
		Southern Maryla				f I Index 1 Ven	Clinto		Pri	nce Geo	
Funeral			Sex 7. Ag	ga (In yrs. last b 80		f Under 1 Year Months Deys		8. Data of Birth (Month, Day	Year)	9. Birthplace Country)	(State or Foreign
Director		Usuai Rasidance of Decedent	MM.		113.			Aug. 30	,1915	Penns	ylvania
ž		10a. Stata 10b. County		10c. City, To	wn or Locat	ion				10d. i	inaide City Limits
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Dotti	Directo	10e. Street and Number	ocorges	1016		10f. Zip Code			ICa Chizon of I	What Country?	Λ.
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12 an	era	11. Maritai Status	12. Wes Decedant	Ever in U.S.	13 We			pecify Vec or No-		ce - American in	
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arke arke	2	David Luther Jo	nnson				Anna	Mary St	over		
E E		19a. Informant's Neme/Raiatlonship	(Type, Print)	19	b. Mailing /	Address (Stree	et end Number or Ru	ral Routa Number	r, City or Town,	Steta, Zip Coo	le)
n 27		Robert Johnson	Son				Rd, Clar	ksville,	MD 2	1028	
or the		20a. Mathod of Disposition 1 Ø Buriai 2 ☐ Cremation 3 [Removei from State	20b. Piace cemet	of Dispositi ery, cremet	on (Nema of ory or othar pl			20c. Location	City or Town,	Stata
		4 Donetion 5 Other (Special		Fair	cfax (City	3/	6/96	Fairfa	x, VA	
mportant: any injury ance.		21. Signature of Funeral Service Lice	nsea	0	(rasa of Fecility				
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edical aminer	ner	Immediate Cause (Final disease or condition resulting in death)	a.	Dua to (or as a	consequa	nce of):	eratory A Cardiac isease wi	Asystol	.e	art Fai	lure
physician and the burial-fransit	Examine	Samuentially list conditions	b	Due to (or as a			IDCabe WI		DC. HC	are rur	1010
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Massiv			11.	rom prepy	coric ga	stric u	ılcer	
the burial-fran	edical	Ithat withinted events	C	Due to (or es a			r				
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	by P	Chronic obstru	ctive Lung	Diseas	se			101	03 20110	0 110000	4 Dinkilowii
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ste has page 2	E							100	as 2□No	1 □ Ya	
		25. Was case referred to medical						- 0		1 U Ya	8 2□ No
0 5	o Be	examiner?	Hospitai:			0 000	ther	th (Check only on			
2 2 1	- 1	27. Manner of Death		nt 2 ER/C	Time of	OLI DON	4 La redraing Fi	ome 5 Reside			
Aller	I I O	Natural 5 ☐ Pending investigation	28e. Dete of inju (Month, Da	y Year)	Injury	28c. inju	ork?]Yas 2 □ No		,,		
fin by the	Certification:	3 ☐ Suicide 6 ☐ Could not t	00 - Pi//	ury - At homa	arm straat			28f. Location (St	treat and Numb	per or Rural Ro	uta Number
i i	E	4 ☐ Homicide determined	building, et	c. (Specify)	arri, orraci	, raciory, cirioc		City or Town		, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E 1.	edical C	29a. Certifier 1 Certifying Pi (Check only one) 2 Medical Example	nysician: To the best of miner: On the besis of and manner sto	axaminetion a	a, daath oo nd/or invasi	curred at tha t tigation, in my	tima, data and piace, opinion, daath occur	and due to the cored et tha tima, d	eusa(s) and ma ate and piace,	annar as stated and dua to tha	cause(s)
	ž	29b. Signeture end titla of certifier		0		29c. Lican	ise number	2	9d. Dete aigne	d (Month, Day,	Year)
S		PAHIL C		/ /11	h		(1770	7	3-5	796	
	-	30 Name and address of person who	completed	y W	(Time Bri	10-	010		, ,	000	
		 Nama and eddrass of person who R.A.McConnaughy, 					ort Washi	noton M	D 2074	44	
(April 10)	30	31. Date filed (Month, Day, Year)	/ 62 DAV	ids Sign Con A	M	rue, r	OLC WASHI	g.com, m	20/0	T T	
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DHMH 16 Rev 6/95

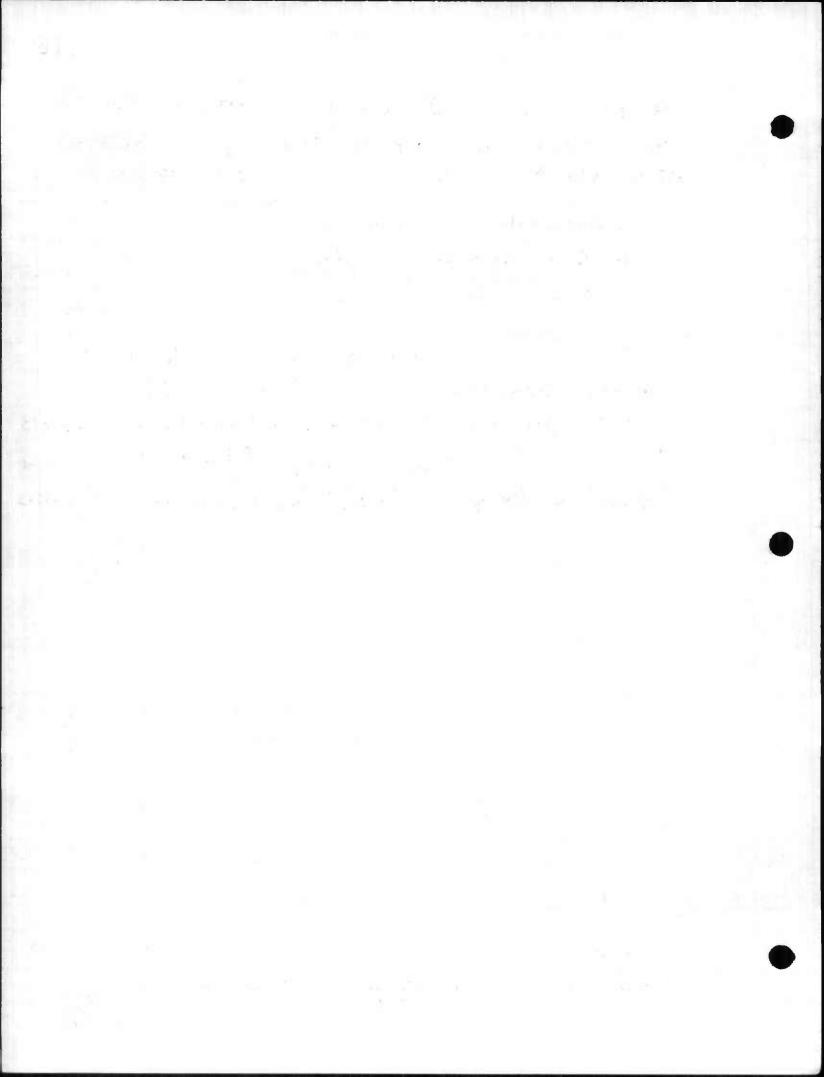


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State of Maryland / Department of Health and Mental Hygiene 56 1 16

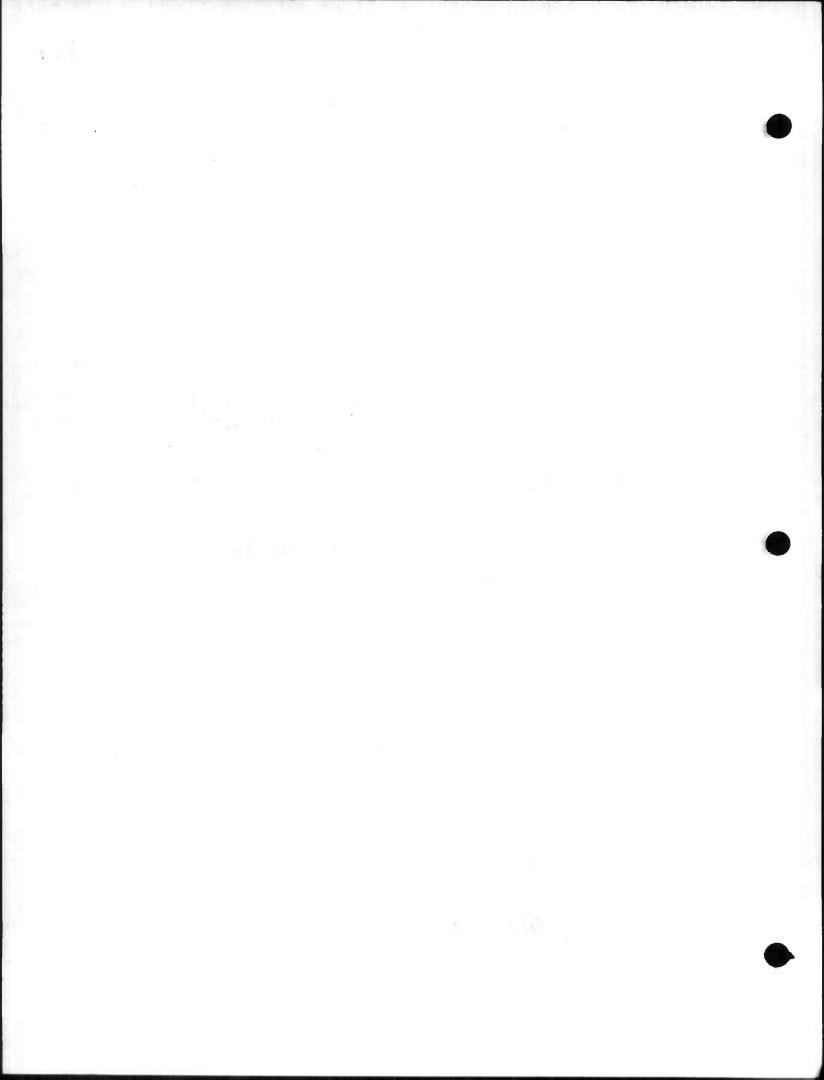
					Cert	tificate o	f Death		Reg. No.		
			1. Decedent's Name (First, Middle, Last	0				2. Date of De	-		Tima of Death
	Physici		ANDREW	H Jo	sha	ISON		MARCH	02	1996	1800
	/Medi		4a. Facility Name (if not institution, give		34170	2014	4b. City, Town, or Le	ocation of Deat	4c. County	of Death	
	Examir	ner			- 01-	1.1		1	-		1
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	Funeral		5. Social Security Number 6. Se	7. Age (In yrs. last		Months Day		6. Date of Bit (Month, Da	th ly, Year)	9. Birthplace Country)	(State or Foreign
	Director		9/9-10-1890	70	Yrs.			July	5 1905	Maki	land
	2		Usual Residence of Decedent					J	/	-	
	Plant Park		10a. State 10b. County	10c. City, To	own or Loc	ation					nside City Limits
	N E	Ş	Maryland Dorch	ester Co	mh	Ridge				1	Yes 2 No
	1 th	Director	10e. Street and Number		110	10f. Zip Code			10g. Citizen of V	What Country?	
	A A	0	520-Glenbur	A AMANUA		210	.12		21.	2	
	eath re 2	era		12. Was Decedent Ever in U.S.	12 W			noifu Van ar Na		e - American Ir	adlen
	72 hours after death with the Maryland natural; or Hems 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Marital Status	Armed Forces?	lf.	Yes, specify Cu	f Hispanic Origin? (Sp Jban, Mexican, Puerto	Rican, etc.)	Biad	ck, White, etc.	idian,
20	a P	YF	1 Never Married 2 Married	1 ☐ Yea 2 🕱 No If Yes, Give	11	☐ Yes 2 N	o Specify:		Specify	. 01	1.
00	Je Je	P	3 Widowed 4 Divorced	Year or Dates:						Blac	K
21215-0020	72 hours "natural",	Completed	15. Decedent's Edu (Specify only highest grad	ication 10 le completed)	6a. Decede	ent's Usual Occ	upation ne during most of work red)	ina	16b. Kind of Bu	usiness/Industr	У
21	filed within Hyglene. ther than ent, the Me	De la	Elementary/Secondary (0-12)	College (1-40r 5+)							
2	filed with Hyglene. ther than	Ö	3		Deliv	ery -	Man		CONS	truct	rion
bu	五五	Be	17. Father's Name (First, Middle, Last)			J	18. Mother's Nam	e (First, Middle	, Malden Sumam	ne)	
<u>a</u>	Mental Mental arked or	To	Howard J	TOHNSON			Sara	T di	- Add		
Maryland	2 should be filed within end Mental Hygiene. Is marked other than surmetic event, the M.	-	19a. Informant's Name/Relationship (T)		9b Mailing	Address (Stre	et and Number or Rur		er City or Town	State Zin Con	fel
S			Ktic T		. ·	NICL	C+ 1				
e,	1 and Heelth em 27 Ather tr		20a. Method of Disposition	CIVITAGE	of Diepoel	ition (Name of	ON 21.6				121613
0	Sec H		1 ■ Burial 2 □ Cremation 3 □ F	0.000.0	itery, crema	atory or other p	iace)	Date	200. Logation -	City or Fown,	State
E	Pe He He		4 ☐ Donation 5 ☐ Other (Specify)		po	Cemet	eku !	2/8/46	crap	O Ma	Ryland
Baltimore,	permit. Peges 1 and Department of Heelth Important: if item 27 any injury or other to once.		21. Signature of Funeral Service Licens		22.		Iresa of Dacility	Home	-	1	J
\mathbf{m}	Depariment of the population o		Nonella C	Nouse	Ho	-141-1	FUNEROL	-	a a		1 21613
	_		23a. Part L. Enter the disease, or compi	iontions that caused the death. I	510		ington St				proximate
			23a Part . Enter the disease, or complete the complete control of the control of	ne cause on each line.	O HOL BING	ine mode of d	ying, such as cardiac	or respiratory a	ilest,	Inte	erval Between set and Death
	Physician		Lancard Contacts) Ora	of and Death
7	/Medical Examiner		Immediate Cause (Final disease or condition	BILATERAL PN	NEUMON	NIA				1 3	days
в			resulting in death)	Due to (or as	a consequ	ence of):	_				
	D #	le l		DEHYDRATION						1 3	days
	certificate be executed iding physician end ise as the burial-transit	Examiner	Sequentially list conditions.	Due to (or as	a consequ	ence of):					
o,	an e		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	MACROGLOBINE	EMIA					5	years
68760,	Sicil be	VMedical	that initiated events	c. Due to (or as		ence of).					
89	fica ph d ph	P	resulting in death) Last	500 10 (01 20	a oonooqu	01100 017.					
X		₹		d							
m	eath	Physician									
Ö	the d	ysi	Part II. Other significant conditions cor	ntributing to death but not resulting	g in the und	derlying cause	given in Part I.	23b. Dld	tobacco uae coi	ntribute to the	cause of death?
P.0	d by letec							10	Yes 2 No	3 Probably	y 4 Unknown
	es that igned t	by								,	
Records,	v raquire baen si should I								an autopsy	24b. Were a	utopsy findings le prior to
S	need should	let						pend	rmed?		tion of cause
Re	0 - 6	Completed						_	-		-
-	: The L							10	Yes 2 No	1 ☐ Ye	s 2□ No
of Vital	Physician: The this certificate rail director, par	Be	25. Was case referred to medical examiner?	to a start of		1.0	28. Place of Deat	h (Check only	one)		
J.	hysi o	70	1 105 2 100	lospital: 1 Inpatient 2 ER/	Outpatient	3LI DOA		ma 5□Resi	denca 6 □Oth	er (Specify)	
	ding Ph h. After th funeral	ü	27. Manner of Death 1 SNatural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	. Time of Injury	28c. In	jury at fork?	28d. Describe	how injury occur	red	
Division	Attending or death. octor: Atter by the fune	atic	2 Accident investigation				☐Yas 2☐No				
<u>S</u>	or Attendi after death. Director: A I in by the fu	Ific	3 Suicide 6 Could not be determined	28e. Place of Injury - Al home,	farm, stree	et, factory, offic	a		Street and Numb	er or Rurai Ro	ute Number,
	after d	Certification:	4 El Homode	building, etc. (Specify)				City or To	wn, State)		
	To the Hospital within 24 hours a To the Funeral Completely filled		29a. Certifier 1 Eertifying Phys	sician: To the best of my knowled	ge, death o	occurred at the	time, date and place	and due to the	cause(s) and me	nner as stated	
	Fur Fur etely	edical	(Check only one) 2 Medical Exami	ner: On the basis of examination and manner stated.	and/or inve	stigation, in my	opinion, death occur	ed at the time,	date and place,	and due to the	cause(s)
	To the within 2 To the comple	M	29b. Signature and title of certifier	and manner stated.		29c Lice	nse number		29d. Date signe	d (Month Day	Year)
	5.₹5.8		2.5. Signaturo ario titlo di contino	1		250. E100			> /	01	, out
			Mulley	le		0/	5541		3/3/	76.	
			30. Name and address of person who co	empleted cause of death (Item 23)	a) (Type, P	rint)					
			VINODRAI MEHTA,	M.D. 400 AU	RORA	STREET	CAMBRII	GE, MD	2161	3	
	Sta	te	31. Date filed (Month Pay Peak) 6 1	996 32. Redistrar's Signature							
	Registr		MAR U 6	JJO Julia amount	IN WAR	draft.					

DHMH 16 Rev 6/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fall within 75 hours after death with the State pear of health and Mental Huniere prior to burial cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE THE	THE Shed	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE REG. NO.		
	Olive to	OLIVE PATRIC	Jack	KSON		DATE OF DEATH DAY	YEAR 1996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 201–10–3379 98. FACILITY NAME (If not institution, give si	1 🗆 M 2 🔀 F	97 YRS. MC	ONTHS DAYS	HOURS MIN.		398 WES	ST VIRGINIA
TOR	FAHRNEY-KEEDY ME		9		300NSBORO	Y	9c. COUNTY OF WAS	HINGTON
DIRECTOR	MARYLAND 10b, COUNTY	WASHINGTON	10c. CITY, 1	TOWN OR LOCAT	ONSBORO			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	8507 MAPLEVILLE F	ROAD		101	2171			WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 2300	If yes, sp	ENDENT OF NISPANIC (selfy Cuban, Maxican, P 2 NO Specify:		Bia	CE — American Indian, ck, White, etc. leafty:
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of won life, Do NOT use n	k done during mo etired.)	st of working	16b. KINO OF BUSIN		
COMPLET	UNKNOWN 17. FATNER'S NAME (First, Middle, Last)	`NT	<u>BOO</u>	KKEEPER	18. MOTNER'S NAME	(First, Middle, Meiden Sc		HIP
BE	WILBUR PATRIQUI 19a. INFORMANT'S NAME (Type/Print)	IN	top Mall Mic At	200E00 (Daniel	DAISY DE	EAN SHAFFE		
2	JOHN DOARNBERGE	!R			S RUN, HAC			742
	20a. METNOD OF DISPOSITION 1 💢 Burlai 2 🗆 Cremation 3 💥 Ram 4 🗆 Donation 5 🗀 Other (Specify)	200	b. PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LOCA	ATION - City or	
	21. SIGNATURE OF FUNERAL BERVICE LO	1	M.Dean		OF ADDRESS OF FACILITY FUNERAL HO	7606		ional Pike D 21713
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on e	d the deeth. Do not sech line. A CONSEQUENCE OF):		0		ntory arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
EDICAL	PART II. Other algorificant condition	ne contributing to deeth	but not resulting in	the underlyin	g cause given in Pa	rt I. 24s. WAS AN A PERFORM	ED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ. Σ	DID TOBACCO USE CONT	RIBUTE TO CAUSE (OF DEATH YES	□ NO □	UNCERTAIN			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE DF DEATN	(Check only one)				
IXSI	1 YES 2 NO	1 Inpetient 2 ER/Out	patient 3 DOA 4	Nursing Non	e 5 🗆 Rasidence 6 🛭			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME (INJUR	M 1 🗆	PRK? YES 2 NO	6d. DEŞCRIBE NOW IN.		
TED	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Spe	Y — At home, farm, atre	eet, mectory, ome	21	B1. LOCATION (Street an City or Town, State)	d Number or Huri	r Houte Number,
COMPLETED	enel	ER: On the best of my known						e(a) and menner as stated.
띪	29b. SIGNATURE AND TITLE OF CERTIFIE	whit mo			29c, LICENSE NUMBE D 3 25 /		29d. DATE SIGNI	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WA						4 0/	16
	Dr. Robert S. Gu	edenet 20	O Geeting	Lane,	Keedysvill	le, Maryla	nd 217	756



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death AKA F. MARSHALL JACKSON **Physician** Month Jackson 3 00 PM 20 Tred /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner University Hospital Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 10 M 2□ F Months Days Hours 264-10-8879 74 Yrs. Director 11/16/21 Virginia Usual Rasidance of Dacedant permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mentel Hygiene. Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Exercise. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits MD Caroline Federalsburg 1 Yas AQNo Director 10a. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? 21632 United States 101 Fisher Avenue Funeral 12. Was Decedant Evar in U,S. Armed Forces? 10 Yas 2 No If Yas, Giva Yaar or Datas: ¹44-46 Wes Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Raca - Amarican Indian, Black, White, atc. 1 Navar Marriad 2 K Married Baltimore, Maryland 21215-0020 1 Yas 2 No Spacify: White þ 3 Widowed 4 Divorced Completed 16a. Dacedant's Usuai Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) Owner Canners/Welder 8 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maldan Sumama) Be Thomas N. Jackson, Sr. Minnie Mae Ritnauer P 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Regina E. Jackson 101 Fisher Ave., Federalsburg, MD 21632 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XBuriel 2 Cramation 3 Ramoval from State Hill Crest Cemetery 2-23-96 Federalsburg, MD 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signatura of Funaral Service Licensas 22. Nama and Addrass of Facility Framptom-Hawkins-Eskow Funeral Home 4strow PO Box 43, Federalsburg, MD 21632 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feilure. List only one cause on each line. Approximate interval Batween Onset and Death **Physician** /Medicai Immediata Causa (Final disease or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be axecuted burial-trensit Saquantially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Diseesa or Injury that initiated avants rasulting in death) Last and Dua to (or as a consequence of): physician Physician/Medical the Dua to (or as a consaquence of): the attending P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by 1 ☐ Yes 2 ☐ No 3 Probably 42 Unknown Division of Vital Records. þ 8 Completed 24b. Wara autopsy findings availabla prior to 24e. Wes an autopsy complation of cause of deeth? hes 1 Yes 2 No this certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica director 25. Was casa raferred to madical Be 26. Place of Death (Check only one) axaminer? Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 1 Yas 2 No 2 ER/Outpatient 3 DOA Inpatiant 28a. Date of Injury (Month, Day Year) funeral 27. Menner of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Natural 5 Panding 1 Tas 2 - No Investigation 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) in by 4 Homicide 24 hours a Certifying Physician: To the best of my knowladga, daeth occurred at the time, dete end plece, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of axemination and/or invastigation, in my opinion, daath occurred at tha tima, deta and placa, and due to the cause(s) and mannar stated. edical 29a. Certifian To the within 2 29b. Signature and that of confifier 29c. Licansa number 29d. Deta signad (Month, Day, Year) 30. Nama and addrass of person who complated cause of deeth (Item 23a) (Type, Print) THAKUR 225.GREEN

Registrar

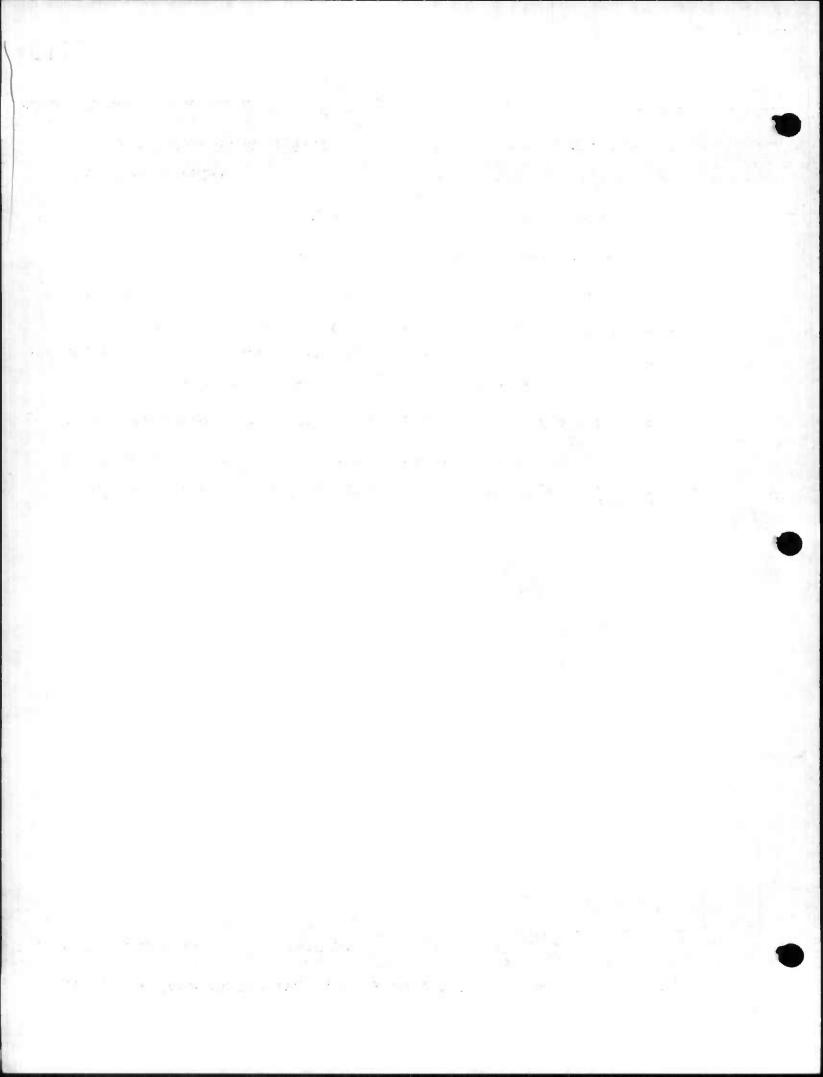
State

31. Data filed (Month, Day, Year)

32. Ragistrer's Signetura

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate o	f Death		Reg. No.		
			1. Decedant's Name (First, Middla, Las		m	TD.D.		2. Data of De	eath		3. Tima of Death
	Physic Medi		ROBERT	AKA ROBER	T M.	TORR TIME	מכ	FEBUA	RY Day 3	1996	12:30 PM
Ī	Exami		4a. Facility Nama (If not institution, give	street and number)			4b. City, Town, or I	ocation of Deal	th 4c. County	of Death	
-	Funeral Director		216-16-2053		yrs. last birt	Monthe Day		8. Data of Bi			aca (Stata or Foraign ry)
	pue *		Usual Rasidenca of Decedant 10a. Stata 10b. County	10	c. City, Town	or Location					
	Maryle	ctor	MD Dorches		o. Oxy, roun		odesdale			10	d. Inside City Limits 1 ☐ Yas 2♥ No
	th with th	Funeral Director	10e. Street and Number 5560 Dog	Kennel Ro	ad	10f. Zip Code	21659		10g. Citizan of V United		•
020	72 hours efter deeth with the Maryland natural, or items 23s or 28s-1 show Jest Examiner must be notified at	by	11. Maritai Status 1 Nevar Married 2 Narried 3 Widowed 4 Divorced	12. Was Decedent Eval Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	n U,S.	13. Was Decedant of if Yas, specify Cu	f Hispanic Origin? (Si uban, Maxican, Puart o Specify:	pecify Yas or No Rican, atc.)		e - Amarica ck, Whita, a /: Whi	tc.
5-0	72 hours "natural",	Completed	15. Decedant's Ed (Specify only highast grad	ucation da completed)	16a.	Dacedent's Usual Occ (Giva kind of work don	a during most of wor	king	16b. Kind of B	usinass/indi	ustry
121	within ene.	Ig m	Elamantary/Secondery (0-12)	Coilega (1-4or 5+)		lifa. DO NOT usa reti	red)		Dutton	Man	ufacture
2	hor ti		8		EX	celsior	-				uracture
Maryland 21215-0020	12 should be filed within hand Mental Hygiene. I is merked other than "raumatic event, the Men	To Be	17. Fathar's Nama (First, Middla, Last)	Unknown			18. Mother's Nam Edna	Mae Ju		a <i>)</i>	
	s 1 and 2 should be filed within 72 hr of Heelth and Mental Hygiene. Item 27 Is marked other then "natur other traumatic event, the Medical		19a. informant's Name/Raiationship (7 Clara Ann Jubb			Meiling Addrass <i>(Stre</i>					
Baltimore,	Pages 1. ent of He mt: If Item ry or oth		20a. Mathod of Disposition 1 Buriai 2 Cramation 3 4 Donation 5 Other (Specify	namovai irom Stata		Disposition (Nama of r, cramatory or other p ado Ceme	_	Data 2/10/96	20c. Location -		
Balti	permit. Pages 1 end 2 Department of Heelth a Important: If Item 27 is any Injury or other trai		21. Signature of Funarai Sarvice Licens			22. Nama and Add Framptom	rass of Facility -Hawkins				ome
	_		23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only o	lications that caused tha	daath. Do n	PO Box 4 of enter the mode of d	3, Feder	or respiretory	rg, MD Z		Approximate
)	Physician /Medical Examiner	ner.	Immediate Cause /Final	Arterios	clero						intarval Batween Onsat and Death
Box 68760,	requires that the deeth certificate be executed seen signed by the ettending physician and hould be detached for use as the burial-transit	in/Medical Examiner	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disaase or injury that initiated avants rasulting In daath) Last	c		onsaquence of):					
	deeth e ette	sicla	Part li. Other stgnificant conditions co	ntributing to death but no	ot rasulting in	tha undariving causa	givan in Part I.	23b. Did	tobacco use co	ntributs to	the cause of death?
P.0	es thet tha de igned by the be detached	Physician		•	•				Yes 2□ No		ably 4∭ Unknown
Records,	2 S S	Completed by						24a. Was	s an autopsy ormed?	com	re autopsy findings ilable prior to apletion of causa eath?
=	The ate h	် လ						10	Yas XXNo	10	Yes 2□No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case rafarred to medical axaminar?				28. Place of Dee	th (Check only	ona)		
10	5 00	2	1 💢 Yas 2 🗆 No	Hospital: 1 inpatiant		patient 3□ DOA	Othar: 4 Nursing H	oma 5 Ras	idance 6 □Oth	ar (Specify)	
ion	g te gu	atlon:	27. Mannar of Death XIXNeturai 5 Panding 2 Accidant invastigation	28a. Data of injury (Month, Day Ye	28b. Ti	jury W	ury at ork? □ Yas 2 □ No	28d. Dascribe	how injury occur	red	
Division	or Att	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of Injury - building, atc. (S	At homa, fan pecify)	m, straat, factory, offic	е		(Street and Numb wn, Stata)	er or Rural	Routa Number,
7	To the Hospital or within 24 hours effa To the Funeral Director completely filled in	edicai (29e. Certifier (Check only cons) 2 Medical Example	sician: To the best of my ner: On the basis of axa and manner stated.	knowiedge, mination and	daath occurred et the /or investigation, in my	tima, data and place, opinion, death occur	, and dua to tha rred at tha tima,	causa(s) and ma data and piace,	innar as sta and dua to i	ited. tha causa(s)
	Vithii To th	M	29b. Signature and title of contition	0///		29c. Lice	nsa number		29d. Deta signe	d (Month, D	lay, Year)
)			30 Name and address of	16/	(those Oc.)		.M.E.]	FRBUARY	03,	1996
				iler 1	11 Pe	Type, Print) enn Stree	t, Balti	more,	Maryla	nd 2	1201
	Sta Registr		31. Date filed (Month, Pay, Year) FER - 7 96	Julia Javidson	Signatura						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTI	AND	MENTAL	HYGIENE	
CERTIFICATE OF DEA	TH		REG NO	

	FOR STATE REGISTRAR	S	STATE OF MARYL		TMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Midd	fle, Last)	h.16041				2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTTH		HRTHPLACE (State or Foreign
	216-44-61		□ M 2 DF =	5/ YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) SEPT. 11	C	ountry) IARYLAND
	90. FACILITY NAME (If not instituti	on, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	Sc. COUNTY	OF DEATH
DIRECTOR	ANNE ARIINDEL M	EDICAL	L_CENTER		ANNAPO	LIS		ANNE	ARUNDEL
RE		COUNTY	DIMPET		Y, TOWN OR LOC	TION			10d, INSIDE CITY LIMITS?
		NNE AI	KUNDEL	1	RIVA			,	1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER				'	of, ZIP CODE			OF WHAT COUNTRY?
NE.	3036 ROCK DRI		WAS DECEDENT EVER I	N II S ADMED	12 WM C D6	21140	NIC ORIGIN? (Specify Yes		S RACE — American Indian,
	1 Never Merried 2 Merr		FORCES? 1 YES	ZX XNO	If yes, s		en, Puerto Ricen, etc.)		Black, White, etc.
B≺	3 Widowed 4 Divorced		ii res, aive man on a	MILS	1 '''	S ZANO Specif	у.		Spoothy BLACK
COMPLETED	15. DECEDEN (Specify only high	NT'S EDUCATION		(Give kind of	USUAL OCCUPAT		16b. KIND OF BU	SINESS/INDUST	RY
۳	Elementery/Secondary (0-12)	Co	ollege (1-4 or 5 +)	Ille. Do NOT u	· ·	TOOD		DOE WEA	DE
ME	12th 17. FATHER'S NAME (First, Middle,	Last	0	FINANC	E SUPERV		FT. GEO	RGE MEA	DE
	RICHARD JOHN		TR.				GALLOWAY	<i>Surremey</i>	
BE	190. INFORMANT'S NAME (Type/P		J1(•	19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Cod	(e)
2	GLADYS JOHNSON	MOTE	HER	3036	ROCK DR.	RIVA, MD	. 21140		
	20e. METHOD OF DISPOSITION 1 1 Burtel 2 □ Cremetion 3	I □ Removal	trom State 201	.PLACE AND DATE	OF DISPOSITION (lame of	DATE 20c. LO	CATION — City	or Town, State
	4 Donetion 5 Other (Spec	clfy)	L	AAKEMONT				VIDSONV	TILLE, MD.
	21. SIGNATURE OF FUNERAL SE	RVICE LICENS	EEE			& SONS	MORTUARY,	P.A.	
	Lany	B.	Reese		821 V	EST ST.	ANNAPOLIS,	MD. 21	.401
	23. PART i. Enter the diseer shock, or heart	fallure. List	only one cause on a	d the death. Do	not enter the m	ode of dying, euc	ch ee cardiec or reep	iratory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition		Pulling	0D 44	FUL	dus			Onest and Desth
	resulting in death)	a	DUE TO (OR AS	A CONSTOUENCE C		2147			6-les
z		- h		V					
일	Sequantially list conditions if any, leading to immediate		DUE TO (OR AS	A CONSEQUENCE O	PF):				
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	DUE TO (OR AS	A CONSEQUENCE O	IF)				
CERTIFICATION	that initiated events resulting in death) LAST				. ,.				į
	DATT II Other classificant o	andlilans as	andelbudan de de de l						
CAL	PART II. Other significant c		ontributing to death i	out not resulting	in tha undariyi	ng cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	Alecan	2100					1)XYES	R □ NO	OF DEATH?
Σ	DID TOBACCO USE	CONTRIB	UTF TO CAUSE O	DE DEATH Y	ES 🗆 NO I	UNCERTAI	N 🗆		1 - YES 2 NO
IAN	25. WAS CASE REFERRED TO ME	DICAL		26. PLACE OF DEA					
SIC	1 YES 2 NO		OSPITAL: Inpatient 2 ER/Out	patient 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pend	llan.	28e. DATE OF INJURY (Month, Day, Year)	28b. TIII	JURY V	IJURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED
BY	2 Accident Inves	rigation	28e. PLACE OF INJUR	V 41 h = 1 4 1		YES 2 NO			
COMPLETED	3 Suicide 8 Coul 4 Homicide deter	d not be	building, etc. (Spe	cify)	ameat, rectory, on	ice	28f. LOCATION (Street City or Town, Stete		urai Houte Number,
PLE	29e. CERTIFIER 1 CERTIFYII	NG PHYSICIAN	: To the best of my know	viedge, death occur	red at the time, de	te end place, end due	e to the cause(s) and ma	nner ee atated.	
NO.	onel	EXAMINER: 0	n the beele of examination	on end/or investigati	on, in my opinion,	death occured at the	time, date and plece, er	nd due to the ce	use(e) end manner se stated.
BE C	296. SIGNATURE AND TITLE OF	CERTIFIER	hul 11	. 0		29c. LICENSE NU		29d. DATE SIG	GNED (Month, Day, Year)
TO E	30 NAME AND ADDRESS OF DE	DEON WATER CO	MOLETED CAUCE	nu	- Chinal	I MOX	-041216	1 3	-1-76
	DUNIS M.	Ha Ha	MILETED CAUSE OF PI		204	West	St An	napol	is Mdi
	31. DATE FILED (Month, Day, Year)		32. REGISTRAR'S SIG						
	MAR 0 4	1996	Julia Davi	dson-Rande	22				

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S HAME (First, Middle, Lest)	Johnson	h			2. DATE OF DEATH DO	3 /3	3. TIME OF DEATH				
	4. SOCIAL SECURITY HUMBER 214-30-8224	5. SEX 1 M 2 F	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)					
TOR	98. FACILITY NAME (If not institution, give Mallard Bay RESIDENCE OF DECEMENT	Nursing (Center	96. CITY, TOWN OF								
DIRECTOR	10s. STATE 10b. COUNT	chester		nbridge	ЭН	10d. IHSIDE CITY LIMITS? 1XXYES 2 \(\text{N} \) NO						
FUNERAL	10e. STREET AHD NUMBER				ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
UNE	731 Rigby Ave.	12. WAS DECEDENT EVER II	I U.S. ARMED		1613	IIC ORIGIN? (Specify Yea	USA	4. RACE American Indian.				
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 TNO	If yes, spec		n, Puerlo Rican, etc.)		Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most retired.)	of working	16b, KIND OF BUS	SINESS/INDUS	STRY				
MPI	11th		Laborer					a/ Bunble Bee				
E CO	Clarence McRae					ME (First, Middle, Meiden	Surname)					
TO BE	19e. IHFORMANT'B NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	Mary Li	Poute Number, City or Town	n, State, Zip Co	ode)				
F	Delores M. King					rt, Willar	ds, Ma	1. 21874				
	26s. METHOD OF DISPOSITION 17 Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State cem	PLACE AND DATE Of the second section of the section	urch Cen	etery :	3/9/96 Ca		ge, Md.				
	21. SIGNATURE OF FUNERAL SESSICE LI	CENSEE			ADDRESS OF FAC	Funeral S	Servic	es				
_	23 BADT I Subsy the Green of			P.O.	Box 168	7. Easton.	Md. 2	21601				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, interval Between IMMEDIATE CAUSE (Final											
	shock, or heart taffure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A COHSEDUENCE OF): DUE TO (OR AS A COHSEDUENCE OF):											
N	Sequentially list conditions,		4 Epne									
ÄŢ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A	CONSEQUENCE OF	DUEHCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE DE	:								
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
MEDICAL						PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ.	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO Ø	UNCERTAIN	<u></u>		1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)								
HYS	1 YES 2 NO	1 Inpatient 2 ER/Outp	atlent 3 DOA	4 Nursing Home		sidence 6 Other (Specify)						
ВУ Р	1 Hatural 5 Pending 2 Accident treestigation	(Month, Day, Year)				28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 8 Could not be determined 28s. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF IHJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural F											
COMPLETED	29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIHER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
296. SIGNATURE AND TITLE OF CONTINUE 29c. LICENSE HUMBER								29d. DATE SIGNED (Month, Day, Year)				
2	30. NAME AHD ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, I	Print)		1 \ 1)	4.45				
	31. DATE FILED (Month, Day, Year) MAR 08 1996	32 REGISTRAR'S SIGNI	5 HUY	ira St	· Can	bridge	nd	. 2/0/3				
	MAR 08 1996) Julia Davoles	Mardall									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended#4, 3/14/96, SW, Calvert Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Eleanor March 6, 1996 **Physician** Olive King 1524 /Medical 4b. City, Town, or Location of Deeth Ac. County of Deeth Prince Frederick Calvert 4e. Facility Neme (If not institution, give street end number)
Calvert Memorial Hospital Examiner 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country) Maryland 5, Social Security Number 212 09 108 5 **Funeral** 1□ M 2□X Director 06/03/16 Usual Residence of Decedent death with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits show r than "natural", or items 23s or 28s-f shorting Medical Expresser must be notified at Maryland Calvert Lusby 1 ☐ Yas 2 No Director 10e. Street and Number 10g. Citizen of What Country?
United States 10f. Zip Code 20657 967 Loredo Trail Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 🕱 No 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: white þ 3 SWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygler Important: if Item 27 is marked other th any Injury or other traumatic event, the 2005. 12 secretary government altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) William Groom Price Sara Elizabeth Evans 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) David M. King 2095 Natures Way Prince Frederick Md 20678 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, cremetory or other place)

Pauls Cemetery 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 1996 Prince Frederick Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Eurocal Service Licensee 22. Name and Address of Facility Rausch Funeral Home PA 4405 Broomes Is. Rd. POrt Republic MD 2067 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel · ACUTE MYOLARDIAL ENFARCTION 36 HOURS diseese or condition resulting in death) **Examiner** Due to (or es e consequence of): CORUNARY ARTERY

Due to (or as e consequence of): The law requires that the death certificate be executed Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and YFARI P.O. Box 68760. physiclan INSULIN DEPENDENT DIABETES MENITY Physician/Medicai the Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed by INTRAGOOMINA SERSIS Division of Vital Records. þ 8 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? CHRENIC REAL FAILURY completion of cause of death? 1 Yes 2 No 1 ☐ Yas 2 ☐ No certificate spital or Attending Physician: The hours efter death.
neral Director: After this certificate y filled in by the funerel director, pa 25. Was case referred to medical exeminer? Be 28. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 40 ျှ 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) Certification: 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Maturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of tnjury - At home, farm, street, fectory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Dertifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and manner ss ststed.

2 Medicat Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier Medical

State Registrar

WHICE M JOHN -PRINCE 31. Date filed (Month, Day, Year) MAR - 8

29b. Signature and title of pertifier

30. Name and address of person with

FREDFRICK, M.J. 20678 32. Registrar's Signeture I hi Shocker Randall

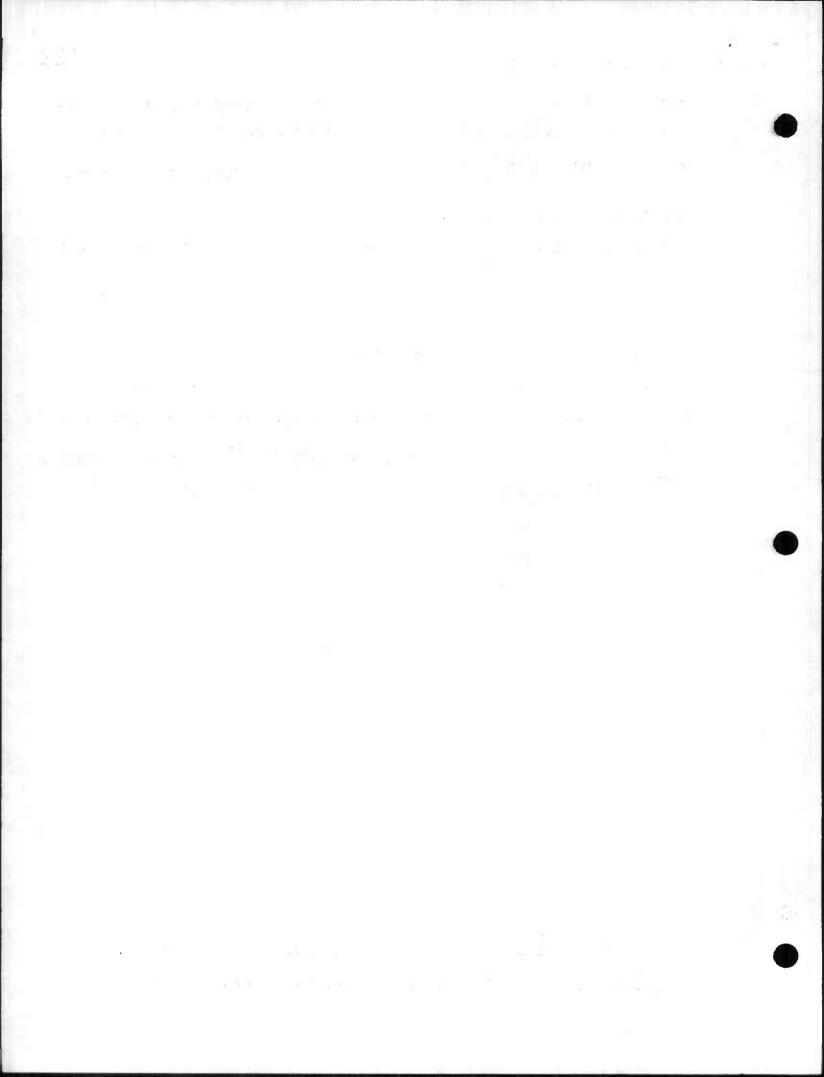
ompeted cause of death (Item 23a) (Type, Print)

29c. License number

D26358

29d. Date signed (Month, Day, Year)

MARCH 6, 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

	Physician
	/Medical
ķπ.	Examiner

ROBERT 4a. Facility Neme (If not institution, give street and number)

1. Decedent's Name (First, Middle, Last)

KALSTON

2. Date of Death

MARCH 08 1996 8:08 PM

10d. inside City Limits

Approximate interval Between Onset end Deeth

1 ☐ Yes 2 🔀 No

ST. MARYS

Funeral Director

with the Merylend 28a-f show ò "naturel", or items 23s

traumatic event, the Medical Examiner naun be notified at permit. Pages 1 and 2 should be filed within 72 hours effer death to Department of Health and Mental Hygiene. Important: If flem 27 is marked other than "naturel", or items 28s eny injury or other traumatic event.

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Division of Vital Records,

Physician /Medical Examiner

Physiclan/Medical Examiner The law requires that the death certificate be executed physician and s the buriel-trans 98 ettending p ed by the e signed by t Completed by has e 2 page To the Hospital or Attending Physician: within 24 hours after death.

To the Funerel Director: After this certifica completely filled in by the funeral director, p Be Certification: To Medical

4b. City, Town, or Location of Deeth 4c. County of Death MD.RTE. CHARLOTTE HALL If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Deys Hours 1⊠M 2□ F Yrs 142-42-4536 43 September 26, 1952 New Jersey Usuai Residence of Decedent 10a State 10b. County 10c. City, Town or Location Director Maryland St. Mary's Mechanicsville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2620 Tomahawk Court 20659 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Specify: White 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Collage (1-4or 5+) Electronic Engineer Defense 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumame) Be Irvin Kalston Edna Decker 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, State, Zip Coda) Sandra Kalston 2620 Tomahawk Court, Mechanicsville, Maryland 20659 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State 4 Donatico 5 Other (Spepity) Charles Memorial Gardens 3/15/96 Leonardtown, Maryland 22. Name and Addrass of Facility 2 Brinsfield Funeral Home, P.A. Edward Brinsfield. Jr P.O. Box 279, Leonardtown, Maryland 20650 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. immediate Cause (Final disease or condition resulting in death) MULTIPLE INJURIES Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): that initiated events resulting in daath) Last Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Unknown 1 Yes 2 No

				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?
				1 X Yes 2 □ No	1) Yes 2□ No
25. Was case raferred to medical exeminer?			26. Place of De	eath (Check only one)	
1 Yes 2 No	Hospitai: 1 ☐ inpatient 2 ☐	☐ ER/Outpatient 3☐ D	OOA Other: 4 Nursing	Home 5 ☐ Residence XXOth	er (Specify) SCENE
27. Manner of Deeth 1 □ Natural 5 □ Panding	28a. Date of injury (Month, Day Year)	28b. Time of injury	28c. Injury at Work?	28d. Describe how injury occur	
2X Accident invastigation	3/0/90	8:08PM M	1 ☐ Yes 2 No	Driver in au	to accident

3 Suicide 28e. Placa of injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicida STREET

28f. Location (Street end Number or Rural Route Number, City or Town, State) MD RTE #5 CHARLOTTE HALL, MD. CHARLOTTE

MARCH 09,1996

1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and due to the cause(s) and manner: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha tima, data and place, and dua to the causa(s) and manner stated. 29a. Cartifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

O.C.M.E.

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

M. D. 111 Penn 111 Penn Street, Baltimore, Maryland 21201

State Registrar

Jr. Mario F. Golle

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08124

						Certificate o	f Death	Re	eg. No.		016	
			1. Decedent's Neme (First, Middle, La	ist)				2. Dete of Deet	h	WUT	3. Time of 0	Deeth
	Physici /Medi		Deborah Mae K	Celler				March	4, Dey 1996	reer	6:00	PM
	Examir		4e. Fecility Neme (If not institution, given	ve street and number)			4b. City, Town, or	Location of Death	4c. County of	Deeth		
			MedBridge Nursin	g Home			Cilvor C.	n d n o	Monte			
	Funeral			Sex 7. Age (In y	rs. last bir			8. Dete of Birth	Mont	gome Birthpl	ece (Stete or try)	Foreign
	Director		577-01-5021	1□M 2\(\overline{\text{F}}\)	30	Yrs. Months Dey	s Hours Min.	Nov. 30, 1	015 LT			
	D		Usual Residence of Decedent					1000 100 1	7.1.J	1211T1	ngton,	D.C.
	how		10a. Stete 10b. County	10c.	City, Tow	n or Location				10	Od. Inside City	Limits
	We will	ş	Maryland Mont	gomery Si	1ver	Spring					1 Yes	2 ₽ No
	4 28 P	Director	10e. Street end Number	Bomer, Dr	V bal	10f. Zlp Code	9	10	0g. Citizen of Wh	at Count	try?	
	h wil	a D	2105 Windham Plac	ce			20902		U.S.A.			
	deal	Funeral	11. Meritel Status	12. Wes Decedent Ever Ir	ı U,S.	13. Was Decedent of If Yes, specify Co		pecify Yes or No-	14. Race -	America		-
0	offer by the	5	1 ☐ Never Married 2 ☑ Married	Armed Forces? 1 ☐ Yes 2 ☐ No				to Hican, etc.)		White, e	itc.	
02	Par.	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1□ Yes 2□ N	lo Specify:		Specify:	Whit	P	
Maryland 21215-0020	within 72 hours effer death with the Meryland ene. than "natural", or itema 23a or 28e-f show ha Wedical Evaminer must be notified at	Completed	15. Decedent's E		16e.	Decedent's Usuel Occ	cupation	and the en	16b. Kind of Busin			
2	the sta	pje	(Specify only highest gra Elementery/Secondery (0-12)	College (1-4or 5+)		(Give kind of work dor life. DO NOT use reti	ired)	rking				
21	od wi	5	12		Н	omemaker			Own HO	me		
pu	al Hygir other	Be (17. Fether's Neme (First, Middle, Last)			18. Mother's Ne	me (First, Middle, N	feiden Sumeme)			
/la	should be ind Mental marked o	To	Walter George Fu	ller			Hazel	Agnes Jo	ov			
an	2 should be and Mental le marked of reumatic ev		19e. Informent's Neme/Reletionship (Type, Print)	19b	. Melling Address (Stre	eet and Number or R	ural Route Number,	City or Town, St	ete, Zip	Code)	
	s 1 and 2 should be filed within 72 hours effer death with the Merylan if Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23a or 28a-f show other treumatic event, the Medical Examiner must be notified at		George Francis Ke	eller	210	05 Windham	Place Si	Twer Spr	ing Mary	land	20003)
Baltimore,	of Health of Health frem 27 I		20e. Method of Disposition	200	o. Piece of	Disposition (Name of ry, cremetory or other p		Dete 2	20c. Location - Ci	ity or Tov	wn, State	
E	permit. Pages Department of I Important: If the any Injury or of		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif					17/06				
=	artm ortar		21. Signeture of Eunerei Service Lice	Ga	te o	Heaven Ce	ress of Fecility	1//96 S:	ilver Sp	ring	,,Maryl	Land_
B	Depa Impo any l		1 /A. //	+ 11			J. Collins	Funeral	Home, I	nc.		
) Clim)	y your	ant Da	500 Unive	ersity Blv	d., W. S:	il.Spr.,		20901	
			23a. Part T. Enter the diseese, or com shock, or heart feilure. List only	one ceuse on each iine.	eath. Doi	not enter the mode of d	lying, such es cardie	c or respiratory erre	est,		Approximete Intervel Betwee Onset and De	een
)	Physician /Medical		Immediate Cause (Finel	C. 1		/	4	, ,		1	/	/ /
	Examiner		diseese or condition resulting In deeth)	· Cerebr	000	ascular	accid	ent		_ 1	mont	14
		5	2072 - XII	Due to	orese	consequence of):				. 1		
	nsit	를		b								
	and al-tra	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to								
68760,	eath certificate be executed attending physician and for use as the buriel-transit	ie.	Cause. Enter Underlying Ceuse (Disease or injury that initiated events	c								
587	phy:	edical	resulting in death) Lest	Due to	(or es e c	consequence of):				1		
×	ding ding	2		d						1		
Вох	death e atten	lar								i		
o	0 0 0	Physician/	Pert II. Other eignificant conditions of	contributing to death but not i	resulting Ir	the underlying cause	given in Pert I.	23b. Did to	bacco use contr	ibute to	the cause of	death?
P.0	that the death or ed by the attend detached for us							1 🗆 Ye	e 2□ No 3	Prob	ably 4 U	Inknown
ds,		by						F3				
0	The law requires ate has been sign page 2 should be	Completed						24a. Wes ar		aval	re eutopsy fin illable prior to apletion of car	
ec	law las b	npi									leath?	0.96
		Sol						1 ☐ Ye	s 20 No	10	Yes 20 N	10
<u>a</u>	Physician: The lav r this certificate has val director, page 2	Be	25. Wes case referred to medical exeminer?				26. Place of De	eth (Check only one	θ)			
\leq	00	ဥ	1 ☐ Yes 2 X No	Hospitel: 1 Inpatient 2	□ ER/Ou	tpatient 3 DOA	Other: 4 Nursing I	lome 5 Reside	nce 6 Other	(Specify)	
Division of Vital Record	ner th		27. Menner of Deeth 1 Neturel 5 □ Pending	28e. Dete of Injury (Month, Dey Year)		Time of 28c. In	jury et /ork?	28d. Describe ho	w injury occurred	J		
0	Attending or death.	atle	2 ☐ Accident investigation				☐ Yes 2 ☐ No					
ž	or Attending after death. Director: After I in by the fune	ertification:	3 Suicide 6 Could not b	e 28e. Plece of Injury - Albuilding, etc. (Spe		rm, street, fectory, offic	e	28f. Location (Str City or Town		o <i>r Rural</i>	Route Number	er,
	tal or A	Ce		, , , , , , , , , , , , , , , , , , , ,	,/				, 2.0.0,			
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Ca	29e. Certifier (Check only 2 Medical Evan	yalclan: To the best of my k	nowledge	, deeth occurred et the	time, dete end plece	, end due to the ce	use(s) end menn	er es sta	sted.	
	he H in 24 he Fi	edical	one)	niner: On the besis of exami end menner stated.	inetion ent	d/or investigetion, in my	y opinion, deeth occi	urred et the time, de	ete end piece, and	3 due to	tne cause(s)	
	To the Hospital of within 24 hours a To the Funeral D completely filled in a second completely f	Σ	29b. Signature and title of certifier	A			nse number		d. Dete signed (
	1		Plane HA	- me	7	10	43237)	3-5	9	16	
	4	Ī	30. Name end eddress of person who	completed cause of death (If	tem 23a) (
			14201 Laurel	O	(02	Laure	1, mo	20707				
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's Sig					-10			
	Registr	_	MAR 06 1996	Felin Wheeles	Red	AL.						

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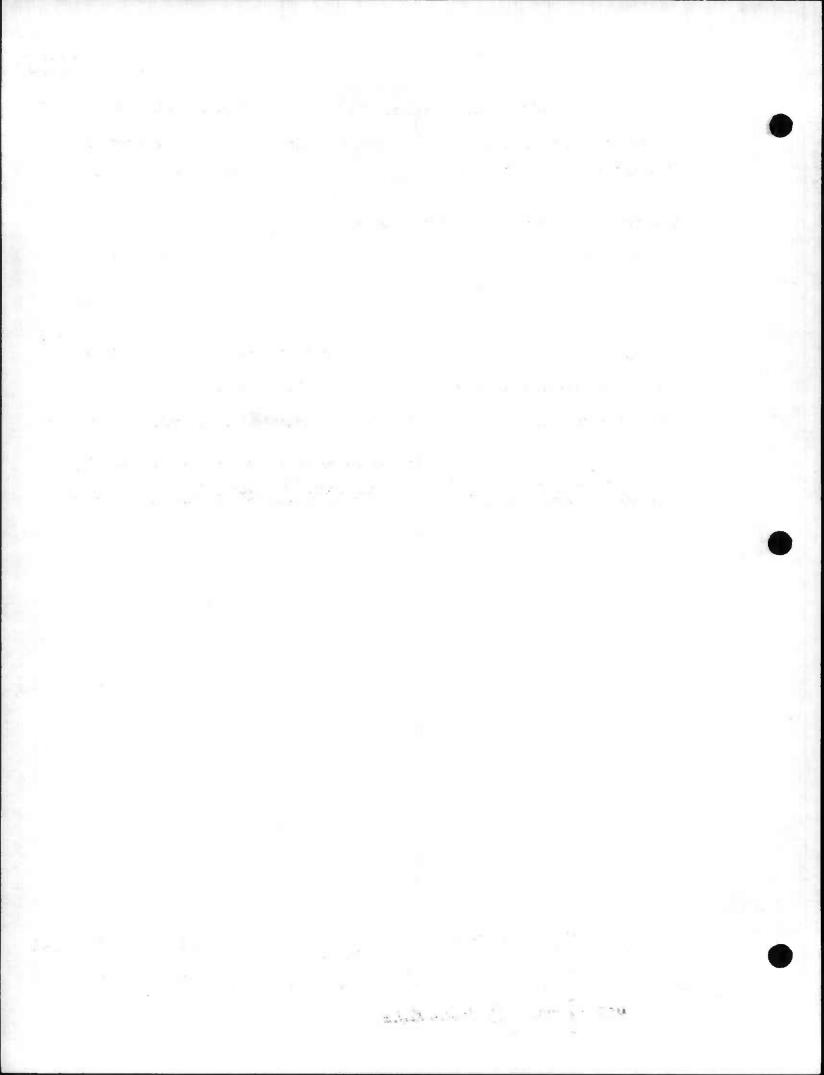
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Dey 29. February Ruby Elsie Kubilos 1996 2:47 PM /Medical 4e. Facility Neme (If not institution, give street and number) 4b, City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Montgomery General Hospital Olney If Under 24 Hrs. Montgomery 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 1 M 2 YF Months Deys Hours 454-22-2828 Yrs. 92 July 5, 1903 Director Texas Usuel Residenca of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelth and Mental Hydiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, fra Medical Examiner must be notified at once. 10a State 10h. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Directo Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20906 3227 Bel Pre Road United States by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bieck, White, etc. 11, Meritel Stetus 1 ☐ Yes 2(XNo If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specity: Specify: 3 ☐ Widowed 4 ☒ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Elementary School/ School Teacher/Sales Ass't. Department Store 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Claude Napolean Baldridge Lulu Philipps 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elsie Mae Cabanas 19819 Apple Ridge Place, Gaithersburg, MD 20879 20b. Plece of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Parklawn Memorial Park 3-2-96 Rockville, Maryland 21. Signature of Pungetil Service Licean 22. Name end Address of Fecility Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23a. Part Enter the disease or completations that caused the shock, or heart feilure. List only one ceuse on each line ations that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiretory errest, Approximete Intervel Between Onset end Deeth Physician Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical UROSEPSIS DAYS Examiner Due to (or es e consequence of): Examiner physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to for es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) USB BS 1 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Severe Constipution 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings aveilable prior to completion of cause of death? Afrial Fibrilation 24a. Wes an autopsy 1 ☐ Yes 2XXVo or Attending Physician: 25. Wes case reterred to medical exeminer? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Hospitel: 1 Inpatient 2 □ ER/Outpetient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 3□ DOA After this funeral 27. Menner of Deeth

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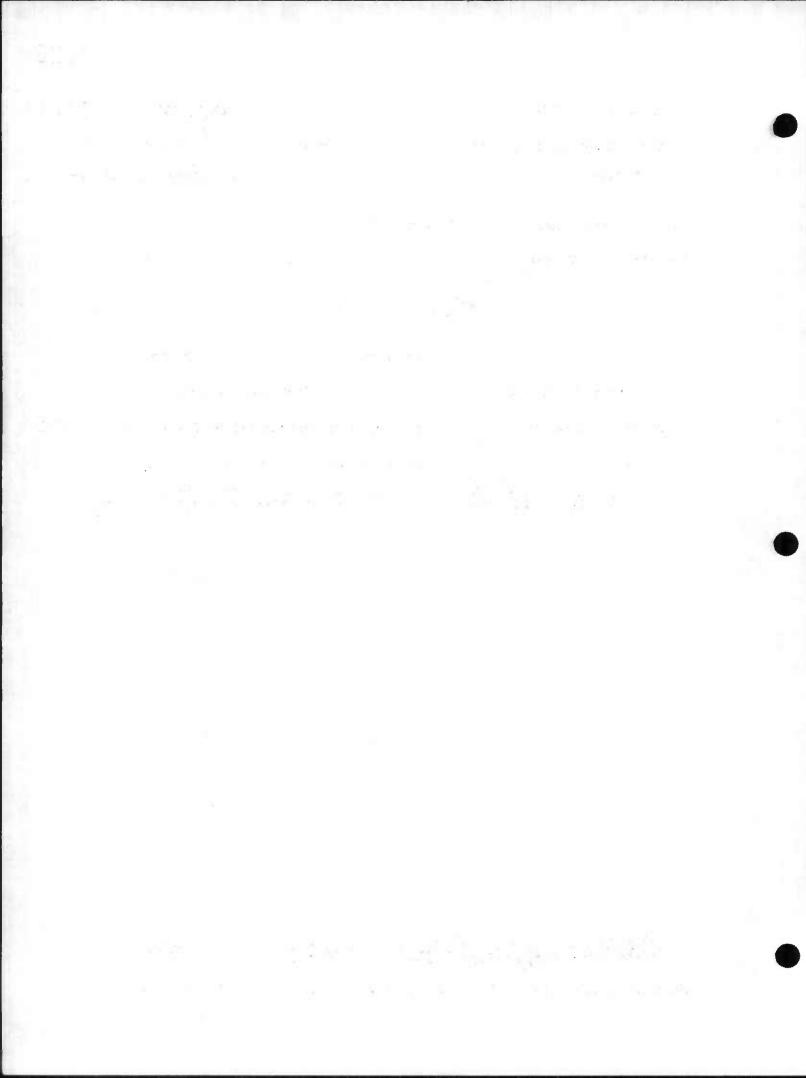
Accident 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how Injury occurred Certification: 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 24 hours after deat Funeral Director: 6 Could not be determined 3 ☐ Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ HomicIde Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner stated. 29a. Certifier Medical (Check only one) To the within 2 29d. Date signed (Month, Day, Year) 29b. Signeture end title of cartifier-29c. License number MARCH, 1st, 1996 (5) 30. Name and address of person who completed cause of death (item 23e) (Type, Print) Prince Phillip DR 212 Olney MD 31. Dete tiled (Month, Day, Yeld) 32_Registrer's Signeture State MAR Mi Studies Re 04 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene 96 08 26

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			1. Decedent's Neme	(First, Middle	Last)						2. Dete of De	ath	Juga	3. Time of Deeth
J.	Physician Margaret Anna Kloetzli									Month March 2	Dey 1996	Year	5:10 AM	
	Examir		4e. Facility Neme (If		4b. City, Town, or L			of Deeth	0,10,111					
		Carroll Manor Nursing Home								Hyattsvil	le	Princ	e Geor	rge
	Funeral	Funeral 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer								8. Dete of Birt (Month, De			ice (Stete or Foreign	
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	wor.		10a. Stete	10b. County		10c. C	ty, Town	or Location					10	d. Incide City Limits
	a within 72 hours efter deeth with the Maryland ijone. Then "natural", or fterns 23a or 28a-f show The Medical Examine must be notified at	Director	Maryland	Montgo	mery	Si	llvei	Spri	ing					1□ Yes 2 No
	₹ 9 ¥	Dire	10e. Street and Nurr	ber				10f	f. Zip Code			10g. Citizen of	What Countr	ry?
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	or de	Funeral	11. Meritei Stetus		Armed F		J,S.	13. Wes D If Yes,	ecedent of h specify Cub	lispanic Origin? (Sp en, Mexican, Puerto	ecify Yes or No Rican, etc.)	- 14. Red Bie	e - America ck, White, e	
20	s ofte	by F	1 ☑ Never Marrie		d 1 🖸 Yes If Yes, G	2□No ive Detes: 1943	_		es 2 🔀 No			Specif	v·	
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	事式を見	BeC	17. Fether's Neme (i	First, Middle, L	est)		21001	, 1,42		18. Mother's Nem	e (First, Middle,			
Maryland	0000	ToB	Freder	ick J.	Kloetzli					Isabel	J. Dona	ghev		
ary	& DEE	-	19a. Informent's Ne				19b.	Meliing Add	iress (Street	and Number or Rui			State, Zip C	Code)
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re,	othe		20a. Method of Disp	osition			Plece of I	Disposition			Dete	20c. Location		
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r			23e. Pert Enter th	e diseese, or o	omplications thet	caused the dee	th. Do no	500 U	Iniver	sity Blvd	.,W. Si	l.Spr.,		
b	Physician	- 23	shock, or heer	feilure. List o	nly one cluse on	eech line.					o. 100po.o.y o.			Approximete intervel Between Onset and Deeth
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P.O.	the de	ysic	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in F						ven in Pert i.	23b. Did tobacco use contribute to the cause of d			the cause of death?	
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Division of Vital Records,	w requires that been signed t should be det	Q P	1	0,0							24a Was	en eutonev	24h Wer	e eutopsy findings
Ö		ete	ANGINA PECTORIS								performed? available prior completion o		lable prior to pletion of cause	
Re	m 9 0	Completed by										da	of de	eth?
Ø	ilcien: The lav certificate has rector, page 2										101	es 2 No	10	Yas 2□ No
5	Physicien: The in this certificate ha	Be	25. Was case referre examiner?		Hospitei:				Oth	26. Plece of Deet				
o	를 를 긁	<u>۲</u>	1 ☐ Yes 2 2 N 27. Manner of Deeth	10	28e. Dete	-	26b. Tir		J DOA J	Nursing Ho	ome 5 Resid	ience 6 Oth		
on	Attending or death. octor: After by the fune	ertification:	1 Neturel	5 Pending	(Mon	nth, Dey Year)		ury	28c. Injur Wor		200. Describe I	iow injury occur	rea	
S	deat ctor: y the	fica	2 ☐ Accident 3 ☐ Sulcide	6 ☐ Could no	ld not be						28f. Location (Street and Number or Rural Route Number,			Route Number
	after Dire	ert	4 Homicide determined determined 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)						otory, omco	City or Town, State)			ricoto riombor,	
	spita nours nerei	a C	29e. Certifier	P Certifying	Physician: To the	best of my kno	wledge,	deeth occur	rred et the tir	ne, dete and place,	end due to the	cause(s) and ma	nner es ste	ted.
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edical	(Check only 2 one)	Medicai E	caminer: On the b	asis of examine ner steted.	tion and/	or investige	etion, in my o	plnion, deeth occur	red et the time,	dete and plece,	and due to t	he cause(s)
	Withi To th	Σ	29b. Signetyre end ti	tie of certifier		_			29c. Licens	e number		29d. Dete signe	4	ay, Year)
			Man	Allen	Idelia	udin	MI		D26	33/		3/2/	96	
Y	1	-	30. Neme end eddre	ss of person w	no completed caus	se of deeth (Iter	n 23a) (T	ype, Print)				, ,		
5	\ \ \		Marta Ann	e Schne	ider. M.	D. 540)1 Ma	acArth	ur Bl	vd. N.W.	Washin	gton. D	.C. 20	0016
	Sta	te	31. Dete filed (Month	, Day, Year)	32. F	Registrer's Signe	eture			,				
	Registr	ar	MAR	05'19	36 Julia	Davelson	Rarda	Ll.						



State of Maryland / Department of Health and Mental Hygiene Q 5 0 9 1 2 7

_							tificate of	Death		Reg. No.	01	0141
	Physic	ian	Decedent's Neme (First, Mid	ldle, Last)					2. Date of Dea	ath Day	Yesr	3. Time of Death
	/Medi		LA	J KAUF	}				MARCH	12, 19		8:18 PM
	Exami		4a. Facility Name (If not institute	ion, give street and nu	m <i>ber)</i>			4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
			HOLY CROSS	HOSPITAL				SILVER S	PRING	MOI	NTGOM	ERY
	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs.	last birthday)	If Under 1 Yeer Months Days			h Year)	9. Birthpl	ece (State or Foreign
	Director	ш	220-96-9619	1□M 2□XF	76	Yrs.	buys	110010	APRIL	1,1919		DIA
	PL ,		Usuai Residence of Decadent									
	anyles who a	_	10a. Stete 10b. Coun	ty	10c. Cf	ty, Town or Lo	cation				10	Od. fnside City Limits
	o T	cto	MD. MONT	GOMERY		NORTH	POTOMAC					1 No Yes 2 No
	章 P P P P P P P P P P P P P P P P P P P	Oire	10e. Street and Number				10f. Zip Code			10g. Citizen of V	Vhat Count	ry?
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	filed within 72 hours effer deeth with the Maryland Hyglene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examinet must be notified at	Funeral Director	11. Marital Stetus	12. Was Dec Armed Fo	edent Ever in U	l,S. 13. V	Ves Decedent of I	Hispanic Origin? (S ean, Mexican, Puer	Specify Yes or No- to Rican, etc.)	14. Reci	e - America k, White, e	
20	or it	F	1 Never Merried 2 Me	arried 1 ☐ Yes	2 X No		□ Yes 210 No		,	Specify		
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21215-0020	d within 72 hours plene. r than "natural", the Medical Exa	Completed	15. Decede (Specify only high	ent's Education rest grade completed)		(Give	lent's Usuel Occu- kind of work done	during most of wo	rking	16b. Kind of Bu	isiness/Ind	ustry
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Maryland	2 4 9 2		19a. informent'a Neme/Relation					t and Number or A	ural Route Numbe	r, City or Town,	State, Zip	Code)
	5 = 2 -		SURINDER	PAUL	7	SAM		TEM #10	т			
Baltimore,			20e. Method of Disposition 1 ☐ Burial 2 ☑ Cremation	3 □Removal from		placa of Disportancemetery, cren	sition (Name of natory or other pla	ice)	Dete	20c. Location -	City or To	vn, State
E			4 Donation 5 Other			IAMBERS	CREMATO	RY	3/14	RIVER	RDALE	, MD.
a	permit. Departminents any injugant		21. Signature of Funeral Service	e Lightses	0	22	. Name end Addre	ess of Facility				
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		Г	23a. Part1. Enter the disease, shock, or heart failure. Li	or complications that	aused the deat	th. Do not ente	er the mode of dyi	ng, such as cardia	c or respiratory ar	rest,		Approximste Interval Between
88	Physician		shock, of fleat failule. Li	st only one cause on t	each line.						1	Onset and Death
	/Medical		immediate Cause (Finei disease or condition		aralio	nc A	LAW Thus	10			I	5 min
в	Examiner		resulting in death)	е	Due to (s	or as a consec	bry Thm uenca of):	(40			1	2 11/14
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	cuted	Examiner	Sequentielly list conditions	В	Due to (c	or es e conseq		ے معالی ال				, , ,
Ó,	an ar	_	Sequentielly list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	,	Ann	a Pec	believe					7 me
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	5 0 6		resulting in death) Last	H.				valula	L alv	hear	i	5 m
Вох	eath cert	5		d. 100	penter	MAYE	Carono	Vande			<u> </u>	3 /9
	deat e att	SICIE	Part il. Other efgnificant condit	tione contributing to d	eath but not res	uiting in the ur	nderlying cause gi	ven in Pert I.	23b. Dld t	obacco uee cor	ntribute to	the cause of death?
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7.	signed d be del	by P	70	Meinsini	871					3		
of Vital Records,	lew requires that the death cert es been signed by the attendin 2 should be detached for use	8		rkinsini Attorlis Dement					24a. Wes	en eutopsy med?		re autopsy findings liable prior to
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æ	0 - 0	Completed	(Damant	10				101	es 2 No	10	Yes 2□ No
a	ician: The certificate rector, pag		25. Wes case referred to medic		-			Of Place of De				760 2010
5		o Be	examiner? 1 ☐ Yes 2 No	Hospitai:	fnpatient 2	ER/Outpatien	t 3□ DOA Ot	4 4	ath <i>(Check only o</i> Home 5☐ Resid		(Co-oit)	a)
ō	Phys rthis aral d	 	27. Manner of Death			28b. Time of				now injury occurr		/
o	Afte fune	tlor	1 Netursi 5 ☐ Pend 2 ☐ Accident inves	ling (Mon	of injury th, Day Year)	injury	28c. inju Wo	rk?]Yes 2⊡No				
S	deal deal	fice	3 ☐ Sulcide 6 ☐ Could	d not be	of injury - At h	ome, ferm, str	et, factory, office		28f. Location (5	Street and Numb	er or Rurai	Route Number,
Division	afte Dire	Certification:	4 Homicide deter		ing, etc. (Specif				City or Tox			
	ours ours filler		29a. Certifier 1X Certify	ing Physician: To the	best of my kno	wiedne death	occurred at the ti	me date and piac	and due to the	cause(s) and ma	nner ss st	sted
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	(Check only 2 Medica	il Examiner: On the b	asis of examina ner stated.	ition and/or inv	estigetion, in my	opinion, death occ	urred st the time,	date end place,	and due to	the cause(s)
	omple of the	Me	29b. Signeture and title of certif	ier			29c. Licen			29d. Dete signed		
	->-0		MALAN	VIVER	CVAI	n M.1	0	7842		311-	101	,
			30. Name and soddress of perso	n who completed cour	o of death /ltor	n 23a) /Time	Print)	د٦ ٥٠		110	176)
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State Registrar 31. Date filed (Month, Day, ¥ear) MAR 15' 1996

82. Registrarie Signature

20 Sept. 18 11 12 18 17 12 1 THE RESIDENCE OF SHARES · · all of the September 1 JE STEEL SHEET No go 1934 dig 1934 disease The contract of the second of

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Blanche V.

4. SOCIAL SECURITY NUMBER

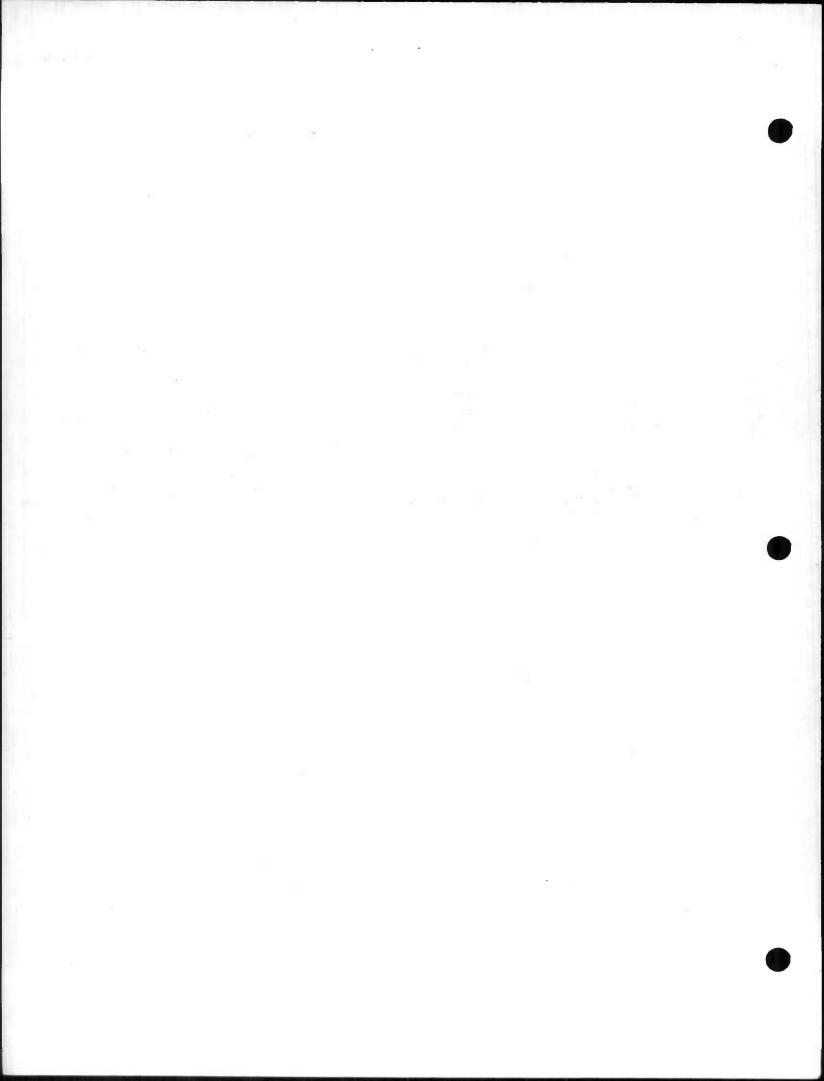
DIVISION OF VITAL RECORDS, P.O. BOX 6876

88 1 M 2 XF 121-12-9863 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATIO DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY Wicomico Salisbury MD FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 21801 107 Parsons St. completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF 1 Never Married 2 Married 1 TYES 2 NO NO BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only his (Give kind of work done life. Do NOT use retired,) Elementary/Secondary (0-12) College (1-4 or 5+) Bookkeeper 7 once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTH Mar Frederick Vath 70 BE notified 19a, INFORMANT'S NAME (Type/Print 19h. MAILING ADDRESS (Street and Number 2 10433 Arrowhead Joyce Kraft pe 200. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 X Burlel 2 Cremetton 3 Removal from State Evergreen Cemetery 4 Donation 5 Other (Specify) examiner 22. NAME AND ADDRES 108 Willi medical 23. PART I. Enter the diseases or complications the caused the death. Oo not enter the mode of dylahock, or heart fallure. List only one could on each line. ö **IMMEDIATE CAUSE (Final** cremation, other traumatic event, the disease or condition NEUMDNIA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause gi MEDICAL this certificate has been signed by the with the State Dept, of Health and rked, or Item 23 shows any in HERRET CONGE STIVE FAILURE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCL PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 19 inpetient 2 - ER/Outpetient 3 - DOA 1 - YES 270 NO 4 - Nursing Nome 5 - Ras 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 1 Natural TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: It item 28 is marke 5 Pending 1 YES 2 V BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Sulcide COMPLETED 4 Homicide 29e. CERTIFIER
(Check only 1 DC CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurs 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICE BE MO 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, APPAN 540 RIVERSIDE DRUE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FEB 2 8 1996

5. SEX

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STATE OF N	MARYL			MENT OF		D MEN	ITAL HYGIEN			
							DATE OF DEATH			3. TIME OF OEATN
				12-10	Land		ONTH D		996	20110 M
. SEX	6. AGE (in yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HF	RS. 7. C	DATE OF BIRTH	361		IPLACE (State or Foreign
□ M 2 🗶 F		38		MONTHS DAYS	HOURS MI	M. (Month, Day, Year) 2 / 25 / 08		Count	
t and number)				9b. CITY, TOWN	OR LOCATION O	F DEATH		9c. COU	NTY OF D	EATH
MEDICA	L CE	NTER		SAL	ISBURY			W	ICOM	ICO
nico				alisbur						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
				10	21801				ISA	WHAT COUNTRY?
2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X N		If yes, s	pecify Cuben, Me		RtGIN? (Specify Yes erto Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. #y: white
TION moleted)		16a. DE	CEDENT'S	JSUAL OCCUPAT ork done during n	ION		16b. KIND OF BU	SINESS/INI	DUSTRY	
College (1-4 or 5	+)	life.	Do NOT use	eeper	lost of working		Women	s Clo	othir	ng Store
					18. MOTHER'S	aret	Fairclou	agh		
		196	10433	ADDRESS (Street Arrow	and Number or R head S	t. N	Number, City or Tow NW Coon	n, State, Zij Rap	ids,	MN 55433
al from State	cem	etery, crei	metory or oti	F DISPOSITION (P		2/2	28/96 Be	rlin,		
MEE				22. NAME	AND ADDRESS O	F FACILIT	Y Durcha	E		al Home
Zuela	0			108	8 Willian	ns S	it. Berli	_		21811
PNEU	M D K	ach Ilne	OUENCE OF		oda of dying,	such aa	cardiac or reap	iratory ar	real,	Approximata Interval Between Onset and Death
DUE TO	(OR AS A	CONSEC	DUENCE OF):						
DUE TO	(OR AS A	CONSEC	DUENCE OF):			* · · · · · · · · · · · · · · · · · · ·			
Contributing to	F	Hu	re				PERFOI	MED?	248	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 17 NO
BUTE TO CA	AUSE O			S NO		IAIN L				
IQSPITAL:	_			OTHER:	7)					
Minpatient 2		patient 3		4 Nursing No	me 5 Reside					
28e. DATE Of (Month, L			28b. TIMI	URY W	IJURY AT YORK? YES 2 NO		I. DESCRIBE HOW	NJURY OC	CURED	
28e. PLACE (building	OF INJURY	— At ho	me, ferm, s	treet, tectory, off	ica	289	LOCATION (Street City or Yown, State)	and Numbe	or Aural	Route Number,
							he cause(a) and ma			s) and manner ea stated.
m 1	mo				29c, LICENSE	NUMBER	1	29d. DA	TE SIGNE	27 496
	SE OF DE	-	M 27) (Type,		Gre	4	SALISBU	24 10	m =	U 601
	1 -	-		WC	216		7.17.20M	11	-	. 0



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be executed within 24 hours after de	by the attending physician and completely f
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: retained by the hospital or attending physician.
5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detacthe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR				EALTH AND I	MENTA	L HYGIENI				
i	1. OECEOENT'S NAME (First, Middle, Last) CLYDE VIRGIL KUHN							OF DEATH	996 YE	3.	TIME OF DEAT	н Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birth	nday) IF Ut	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		IRTHPLA		- 111
	217 03 0440	XX M 2 □ F	83 v	RS. MONT		HOURS MIN.		IL 10,		OUNTRY) WV		
OR	9a. FACILITY NAME (If not institution, give stree GARRETT COUNTY ME)		PITAL	96.0	OAKL	R LOCATION OF DE	EATH		9c. COUNTY GARR		н	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		1		VN DR LOCAT							
DIRECTOR	WV GRAI	NT	100		STOR					100	1. INSIDE CITY LIMITS? YES 2	
FUNERAL	10e. STREET AND NUMBER	DAT DELTUE	DY.			ZIP CODE			10g. CITIZEN	OF WHA	COUNTRY?	
NE I		RAL DELIVE				26739 ENDENT OF HISPAN	uc onicii	m	USA	2405	American India	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF WW II	ES 2 NO			cify Cuban, Mexica	n, Puerto			Black, W Specify:		
ED	15. DECEDENT'S EOUCA' (Specify only highest grade co		(Give kir	nd of work di	L OCCUPATIO	IN st of working	168	. KIND OF BUS	INESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	MIN	VOT use retin	ed.)			COA	L			
MO	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,					
BE C	MILFORD R. KUHN					WILDA	G.	IDLEM	AN			
TO E	190. INFORMANT'S NAME (Type/Print) DENNIS L. KUHN		100	BOX		MT. ST				(e)		
	20s METHOD OF DISPOSITION 1 \(\tilde{\Omega} \) Burisl 2 \(\tilde{\Omega} \) Cremation 3 \(\tilde{\Omega} \) Ramovi 4 \(\tilde{\Omega} \) Denation 5 \(\tilde{\Omega} \) Other (Specify)		20b. PLACE AND D cemetery, cremator MT • STO				3/1	_	STORM			
	21. SIGNATURE OF FUNERAL SERVICE LICENTAL Quest	M00167			d address of fa T FUNERA			.O. BO		-		
	23. PART i. Enter the diseases, or con ehock, or heart fellure. Lin	nplications that cause o	need the death.	Do not er	nter the mo	de of dying, suc	h aa car	diac or reapi	atory arrest		Approximation intervel B	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	congest	ive hea	rt fa	ilure						Onset and	
	reacting in deatily	OUE TO (OR A	AS A CONSEQUEN	ICE DF):								
NOI	Sequentially list conditions, if any, leading to immediate		AS A CONSEDUEN	ICE DF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury											
HE I	that initiated events resulting in death) LAST	DUE TO (DR A	AS A CONSEDUEN	ICE OF):								
CEF	d.						-1					
ICAL	PART II. Other algorificent conditione aortic stenosis	contributing to deat	th but not reaul	ting in the	e Underlying	g ceuse given in	Part i.	24a. WAS AN. PERFOR	MED?	AW	RE AUTOPSY FI MLABLE PRIOR MPLETION DF (DEATH?	TO
PHYSICIAN: MEDIC	renal failure										YES 2	ND
ä	DID TOBACCO USE CONTRI	BUTE TO CAUSE				UNCERTAIL	N 🗆					
CE		HOSPITAL:	28. PLACE DF	OTI	HER:							
ΗXS	1 YES 2 NO 1	28a. DATE DF INJU		b. TIME DF	Nursing Hom 28c. INJ	Residence		SCRIBE HOW II	HIBY OCCUP	En		
ВУ РІ	1, Natural 5 Pending 2 Accident investigation	(Month, Day, Ye		INJURY	WO	RK? (ES 2 ND		VOTTIBLE TO THE	1000011			
9	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJ building, etc. (URY — At home, I Specify)	lerm, street,	factory, office			ATION (Street a or Town, State)	nd Number or F	Tural Rout	Number,	
COMPLET	29a. CERTIFIER Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my k								use(e) en	d menner aa s	stated.
BE C(29b. SIGNATURE AND VITUE OF CENTIFIER					29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Mo	onth, Day, Year)	
TO B	T Oun	MANUEL CALLES	DEATH STORES	(T 7:		DIS	33	لخ	> 3	718	6	
	30. NAME AND ADDRESS OF PERSON WHO	unin	3111	(Type, Print)		t oal	eli	nd	Cum	215	30	
ı	MAR 8 1996	32. BEGISTRAR'S S	GIGNATURE CONTRACTOR	4								

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THE FIRE V		THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		02.111111	7112 01	DURTH	2. DATE C	F DEATH		3.	TIME OF DEATH	-
	YIM SAN	LEE				MARC	Н 6		6	11:15	PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	9,	BIRTHPLA Country)	CE (State or Fore	ign
	577-72-1057 90. FACILITY NAME (If not institution, give str		4 YRS.	b. CITY, TOWN C	R LOCATION OF DE	Augus	st 20,	1931 9c. COUNTY	Chir		-
TOR	Circle Manor Nur	sing Home		Wheat	on		1	- Moi	ntgor	nery	
DIPECTOR	Maryland Mont	gomery		aton	ION					I. INSIDE CITY LIMITS?	10
	too. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
ER	11921 Bluhill Ro	ad			20902	2		USA			
BY FUNERAL	11. MARITAL STATUS t Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, sp	ENDENT OF NISPAI ecify Cuben, Mexica 2 🔀 NO Specif	n, Puerto Ri		or No— 14.	RACE — Black, W Specify:	Americen Indien hite, etc. Asian	١,
COMPLETED	ts. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. DECEDENT'S US (Give kind of wor life, Do NOT use r	k done during mo		16b.	KIND OF BUS	SINESS/INDUST	RY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cook			R	estau	rant			
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
	Dik Cho Lee	е			Sau Fu	n Lan	1				
8E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural	Route Numbe	er, City or Tow	n, State, Zip Co	do)		
5	So Chun Lee		11921	Bluhil:	L Road, N	Wheat	on, Ma	aryland	1 20	0902	
k	20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remo	oval from State Come	PLACEAND DATE OF Itery, cremetory or othe te of Hea	DISPOSITION (Na r place) aven Ce	metery	3/8		cation — city Silver		state ing, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC			Franc	is J. Co.	llins	Fune	ral Ho	ne,	Inc.	
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications that caused List only one cause on ea	the death. Do not							Approximat	
	IMMEDIATE CAUSE (Fine)									Onset and	
	disease or condition resulting in death)		s' HOSO	DISE	N38					4601	5
		DUE TO (OR AS A	CONSEQUENCE OF):							,	
CERTIFICATION	Sequentisity list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	CONSEQUENCE OF):				Marine and the second s				
RTIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
	PART II. Other significent condition	a acatalhustan sa da sah hu	at and avoidable to	Ab a simple dute		Deat I	24s. WAS AN				
PHYSICIAN: MEDICAL	R		cacherio		g cause given in	Pert I.	PERFOI	MED?	AW CO OF	THE AUTOPSY FIN AILABLE PRIOR TO IMPLETION OF CA DEATH?	USE
N: N	DID TOBACCO USE CONTE	RIBUTE TO CAUSE OF	DEATH YES	□ NO 🗷	UNCERTAI	N 🗆					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF OEATH								
YSI	t TYES 2 NO	1 Inpetient 2 ER/Outpe		Nursing Nor	e 8 🗆 Reeldence	8 🗆 Other	(Specify)				
PH	27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (RY WC	PRK?	28d. DES	CRIBE HOW I	NJURY OCCUR	ED		
84	Accident Investigation			M 1							
0	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, atri	net, factory, offic			TION (Street or Town, State)	and Number or	Rural Rout	e Number,	
COMPLET	CONSCRIPTION CONTRACTOR CONTRACTO	CIAN: To the best of my knowle							euse(s) ar	nd menner es ats	rted.
	295. SIGNATURE AND TITLE OF CENTIFIER	3			20c LICENSE NU	MBER		29d. DATE S	GNED (M	orith, Day, Year)	
) BE	Matter - She	ay OW)			308	949	1		719		
5	30, NAME AND ADORESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint)	377	CA	LRAG	UT A	16	42	
	MAKTU C SH				KENS	106-	-02	Mid ?	86	95	
	MAR 0.8 1996	Ali d'Indiar	Rarlath								

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THE STATE OF

	FOR 1 - STATE	STATE OF N	ARYLAND /		TMENT ICATE				MENT				
	1. DECEDENT'S NAME (First, Middle, Last)				ICATE	OF	DEA	ın	2. DA	REG. NO			3. TIME OF DEATH
	NAM	1	2	ee					MOI		22/	996	6:00 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER			A 24 HRS.	7. DAT	TE OF BIRTH onth, Day, Year)			PLACE (State or Foreign
	218-45-7944	t 🔀 M 2 🗌 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	3	29	1928		Korea
- 1	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN C	R LOCAT	ION OF DE	EATH		9c. COL	NTY OF D	EATH
DIRECTOR	17820 Stoneridge	Drive			G	aith	ersb	urg			Mo	ntgoı	mery
R	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
		tgomery		G	aith	-							1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER	D (101	ZIP COD				10g. CIT	TZEN OF V	VHAT COUNTRY?
N	17820 Stoneridge	12. WAS DECEDEN	T EVED IN HS AD	MED	12	WAS DEC		878	NIC OBI	3IN? (Specify Ya		Corea	. — American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	10		If yes, sp	elfy Cubi	Maxica Specifi	en, Puerl	o Rican, etc.)	W 07 110	Black	c, White, atc.
B	3 Widowed 4 Divorced						. 0	Option					Korean
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of	Work done	CCUPATIO	N st of work	ing		66. KIND OF BU	ISINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 d	·)		se retired.)					Λ	tomo	F 4 77 0	
M	10 17. FATHER'S NAME (First, Middle, Last)			Lec	trici	an	40. 8400	LIEDIO MA	NE E	AU it, Middle, Maidei	tomo	Live	
	Yong Kye	. I aa					16. MO1	HER S NA			on]	Z-i m	
B	1011g Rye	Lee	191	b. MAILING	ADDRES!	S (Street a	nd Numbe	or Rural		umber, City or To			
2	William Connors		11	7820	Stor	nerio	lge 1	Driv	e. (Gaither	sbur	g, MI	20878
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of		-	ATE 20c. L		_	
	4 Donation 5 Other (Specify)	Jvai from State	emetery, cre Metro	poli	tan (Crema	ator	у	2,	/25 Ale	xand	ria,	Virginia
9	HOMEN DE OF FUNERAL SERVICE LIC	ENSEE	α		22.	NAME AF	ID ADDRE	ESS OF FA	CILITY	DeVo1	Fune	ral	Home
	* Micha	20 (ell	me	_ 10) E.1	Deer	Par	k D	r., Gai	ther	sburg	g, MD. 20877
	23. PART I. Enter the diseases, or cehock, pr heart fellure.												Approximate Interval Between
	IMMEDIATE CAUSE (Finel	22/10/10 00/25							4				Onset and Death
	disease or condition resulting in death)	0	CARI	2101	DUL	non	MA	4.	AR	REST			
		DUE TO	CARI (OR AS A CONSE CHOLA	DUENCE C)F):	200	1015	1007	4				
ON	Sequentially list conditions,		OR AS A CONSE			17-6	1100	,,,,,	1				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				,								
IF	CAUSE (Disease or Injury that initiated eventa	DUE TO	(OR AS A CONSE	DUENCE C	OF):								
ERT	resulting in death) LAST	d											
	PART II. Other significant condition	s contributing to	deeth but npt i	eeulting	In the u	nderlyln	g cause	given in	Part I.	24s, WAS A	N AUTOPSY	246	. WERE AUTOPSY FINDINGS
MEDICA										PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
E	· ·									100	× [[]		OF DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH Y	ES 🗆	NO [UN	CERTAI	NØ	1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEA	TH (Check								
YSIG	1 TYES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		6 5 🗆 F	Residenca	8 🗆 0	ther (Specify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, E		28b. TH	ME OF JURY		PRK?		28d. l	DEŞCRIBE HOW	INJURY O	CCURED	
В	2 Accident Investigation	28a Pt ACE /	OF INJURY At he	The form	etro et des		YES 2	∐ NO	201.1	OCATION (Street	and Mumb	as or Quant	Boudo Mumbas
60	3 Suicide 6 Codid not be		atc. (Specify)	mou, mitro,	strout, rac	tory, orne	•			City or Town, State		er or norer i	TOOK NUMBER
E I	29a. CERTIFIER 1 (O CERTIFYING PHYS)												
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												a) and menner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIE							CENSE NU			_		(Month, Day, Year)
BE	-171 -	, hal	lus.				7	36		1	•	2/2	3/1996
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e, Print)							~/-	10100
	Awittony	KAL	LOD, 7	me:	John	SH	PRI	~5	101	SPITAL	BA	UTIM	NE MO
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	2 -									
	MAR 051 199	6 Salind	Twelse: Ka	dell									DHMH-16 Rev 1/89

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended #31,3/4/96, MRT, State of Maryland / Department of Health and Mental Hygiene Amended #7, 3/4/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer Elena Liatukas February 25,1996 12:15 am /Medical 4a. Fedlity Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 5615 Marengo Road Bethesda Montgomery 7. Age (In yrs. lest birthday) H Under 1 Yeer H Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 🗆 F Yrs. Director 68 75 Oct. 1, 1927 Lithuania 072-26-9977 Usuel Residence of Decedent the Menyland 10a Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f sho traumstic event, the Modical Examinat must be notified at 1 ☐ Yes 2 🕅 No Director Maryland Montgomery Bethesda 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20816 5615 Marengo Road death Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours effer d Department of Health and Mentel Hygiena. Important: If item 27 is marked other than "natural" any injury or other traumatic events. 1 ☐ Yes 2 🔯 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 No Specify: by Specify: 3 X Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 5+ Dentist Dentistry 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) 2 Oskar Kubeoskis Marija 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6415 Recreation Lane Falls Church, Virginia 22041 Ikars Lans 20b. Plece of Disposition (Name of cemetery crematory or other plece)
March 1, 1996
Montgomery Crematorium Inc. 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Bethesda, Maryland 22. Neme end Address of Fecility
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557 Wisconsin
Avenue Bethesda, Maryland 20814-3501 21. Signeture of Funerel Service Licenses 23e. Pert1. Enter the disease of complications their caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heert failure. List only one ceuse on each line. Approximete Intervel B Intervel Between Onset and Deeth **Physician** Immediate Cause (Finel

/Medical Examiner

Box 68760.

O

Division of Vital Records, P.

Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical

diseese or condition resulting in deeth)

Hypertension Due to (or es e consequence of): Asthma Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Hypertension & Hypertensive Heart Disease þ 24b. Were autopsy findings avellable prior to completion of cause of death? 24e. Wes en eutopsy performed? Asthma 1 ☐ Yes 2 No Bladder Cancer 25. Wes case referred to medical examiner?
1 ☑ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 \$\overline{\text{M}} \text{ Residence} 6 Other (Specify) 1 inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

12

Completed

Be

2

Certification:

Medical

Sandra I. Gailitis M.D. 6870 Elm Street Suite #301 McLean, Virginia 31. Dete filed (Month, Day, Year) State 02

29b. Signeture end title of certifier

29a. Certifier

32. Registrer's Signeture MAR 04 1996

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Heart Attack

Due to (or es a consequence of):

Jalia Studen Redate

D-33106

29d. Dete signed (Month, Dey, Year)

February 27, 1996

Registrar **DHMH 16 Rev 6/95**

State of Maryland / Department of Health and Mental Hygiene 6

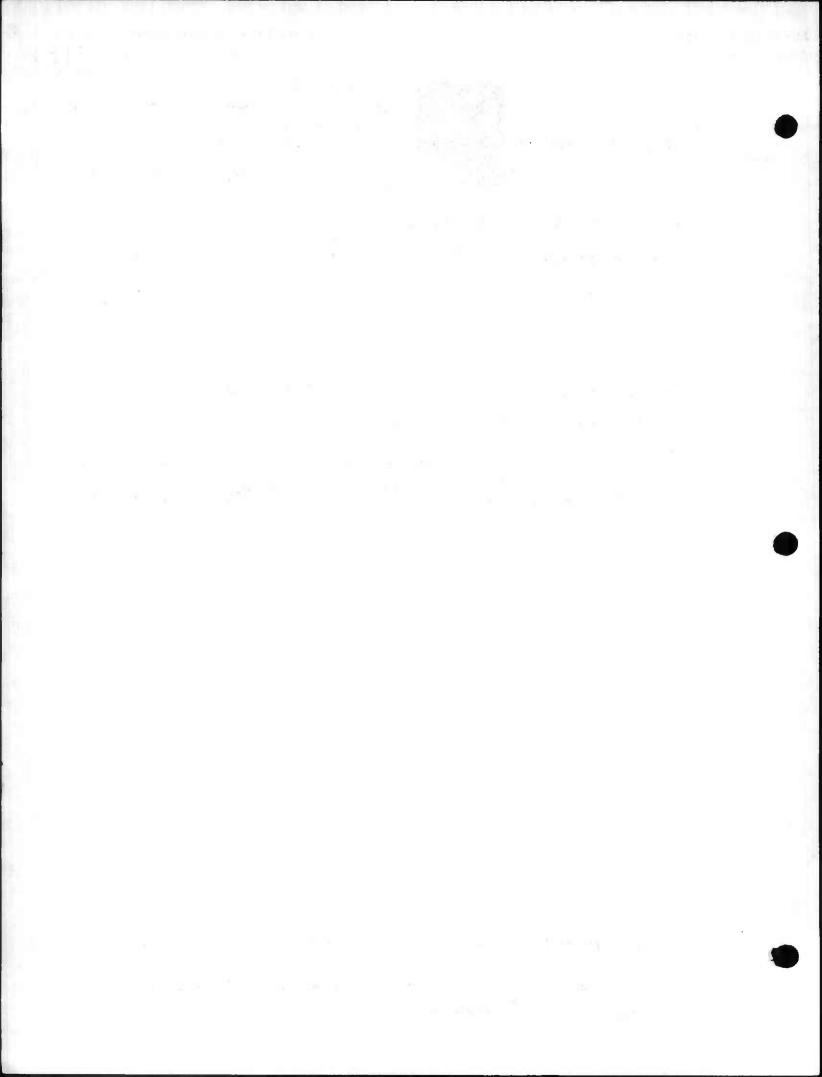
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	and		Usuel Residence of 10a. Stete	Decadent 10b. County		10c. City,	Town or Loc	ation					1	10d. Inside	City Limits
	Maryl -f she	Į.	Maryland	Montgo	merv		Rockv								es 2□No
	or 28a	rec	10e. Street and Nur		-			10f. Zip Code)			10g. Citizen of	Whet Cour	ntry?	
	th wit	a D	4409 F	Kalmia St	reet			20	853			United	1 Stat	tes	
020	72 hours after death with the Maryland natural', or items 23a or 28a-f show fical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Naver Merri 3 □ Widowed	ed 2 Married 4 Divorced	12. Was Decedent Armed Forcas 1 Yes 2 If Yes, Giva Yeer or Detas:	? ^{N9} 1941-		Vas Decedeni o Yes, specify Cu			pecify Yas or No o Rican, atc.)	- 14. Ra Blo Speci	ice - Americ eck, Whita, White:		•
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lan	2 sho and 1 Is me	1	19e. Informant's Ne	eme/Reletionship (Type, Print)		19b. Mallin	g Address (Stre	et and Numb	er or Ru	ral Route Numb	er, City or Town	n, State, Zip	Code)	
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XO	nding usa a	M/ul			d		_								
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of Vital Records,	require been sig should b	ted									24a. Was	an autopsy ormed?	av	allable pri	sy findings or to
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E H	Pa ata	Con									10	Yas 2 No	10	□ Yas 2	2□ No
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lon	Attending in death.	Itlon	1 Accident	5 Pending	(Month, De	ey Year)	Injury	28c. In W	ork? □ Yes 2 □	No	20d. Describe	now injury occu	1100		
Division	or Atter after das Director d in by the	Certification:	3 Sulcide	6 Could not b determined	286. Piece of in	jury - At hom tc. (Specify)	e, ferm, stre	et, fectory, offic	9		28f. Location (City or To		ber or Rura	Il Routa N	lum <i>ber</i> ,
	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: Attar complataly filled in by tha funal	edical C	29e. Certifier (Check only one)	f⊠ Certifying Ph 2 ☐ Medical Exam	ysicien: To the best niner: On the basis of end menner si	of examinetio	edge, death n end/or inve	occurred et the estigetion, in my	time, dete ar opinion, de	nd plece eth occu	, and due to the rred at the time,	ceuse(s) end n date end plece	enner as s	tated.	e(s)
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State of Maryland / Department of Health and Mental Hygiene 96

						Certificat	e of	Death		F	Reg. No.			
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	dary eh	5	Maryland Montg	omomi/	Silv	er Sprin								s 2 X No
	28 th	Director	Maryland Montg 10e. Street and Number	Offici y	DITA	10f. Zij	0				10g. Citizen of \	What Cour	ntry?	
	with w					101. 21		O.E.						
	eath m 23	era	15435 Johnson R	030 12. Wes Decedent E	ver in II S	13 Was Daca	209		in? /Specif	y Vae or No.	United	Stati e - Americ		
_	Her d	Funeral	1 Never Merried 2 🗓 Marrie	Armed Forces?		13. Was Dece If Yes, spe	cify Cut	en, Mexicen,	Puerto Ric	an, etc.)	Blee	ck, White,		
Maryland 21215-0020	d within 72 hours after death with the Maryland liena. Then "natural", or flerna 23e or 28e-f show the Medical Examiner must be recitied at	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:	,	1 ☐ Yes	2 🗘 No	Specify:			Specify	/: [u]	hite	
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pu	be filed ntel Hyg od other event,	Be	17. Fether's Neme (First, Middle, La	est)				18. Mother	's Neme (F	irst, Middle,	Melden Sumen	10)		
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at	permit, Pages 1 en Department of Heal Important: if Item 2 any injury or other once.		21. Signeture of Funerel Service Lie	canson /		22. Neme er	nd Addr	ess of Fecility						-
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		$\overline{}$	23e. Pert1. Enter the disease, or co shock, or heart fellure. List or	omplicetions that caused t	he deeth. Do	not enter the mod	de of dy	ing, such es c	erdiec or re	espiretory er	rest,	יוט בט	Approxime	ete
а	Physician		Shock, or heart fellure. List or	ny one ceuse on each line).							į	Intervel Be Onset end	
J	/Medical		tmmediete Ceuse (Finel	· Bra		nena	10	5110				4	1 VA	2415
П	Examiner		disease or condition resulting in deeth)			consequence of):	101	> // 1					1 4 0	_413
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	uted	Examiner	Sequentially list conditions	b	ue to (or es e	consequence of):								
oʻ.	axec in en riel-tr	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		40 (0) 00 0	onsoquenos or).								
68760,	ra be ysick	edical	thet initieted events	C	ue to (or es e o	consequenca of):						+		
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Вох	th cer			d										
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	9 - 6	Completed								1 □ Y	es 20XNo	1.	Yes 2√2	3 No
Vital		0	25. Was case referred to medical					26 Place	of Death //	Check only o			- X	7 117
		To B	exeminer? 1 ☐ Yes 2 🛣 No	Hospitel: 1 ☐ inpatien	t 2 ER/Ou	tpetient 3 DC	Ot Ot	hor:			ence 8 Oth	os (Consil	14)	
of	Phys r this eral di		27. Menner of Deeth	28a. Dete of Injury	28b. 1	-	28c. Inju				ow injury occur		y)	
Division	Attending or deeth.	tion	1 X Naturel 5 ☐ Pending 2 ☐ Accident investigat	(Month, Dey	Year) I	njury M		rk?]Yes 2∐N	lo					
S	or Attendation of Director:	fica	3 Suicide 6 Could no	l bo	v - At home, fe	rm, street, fector	v. office		28f	Location (S	treet end Numb	per or Rure	/ Route Nur	m <i>ber</i> ,
á	after after Direct din by	Certification:	4 Homicide	28e. Pleca of Injur building, etc.	(Specify)	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,			City or Tow	n, State)			
	spita nours neral		29a. Certifier 1♥ Certifying	Physician: To the best of	my knowledge	deeth occurred	et the ti	me, date end	plece, and	I due to the o	euse(s) end ma	anner es s'	teted.	
	Ho 124 P	edical	(Check only 2 Medical Ex	aminer: On the basis of e end menner stete	xamination en	d/or investigetion	, In my	opinion, deeth	occurred	et the time, o	late end pleca,	end due to	the cause	(s)
	To the Hospital or Attending is within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune	Me	29b. Signeture end title of certifier			29	c. Licen	se number		2	29d. Date signe	d (Month,	Day, Year)	-
	, ,		I for the	M	00		10.	43Z3	37	la	March 7	190	16	
J	(30. Name end eddress of person wh	no completed cause of dea	oth (Item 23e)	Type Print)			-		IGT OIL /	, 100		
	0		Paul Armstrong,		,	rel Par	∠ Dr	rive #	102	Laure	e] MD	2070	17	
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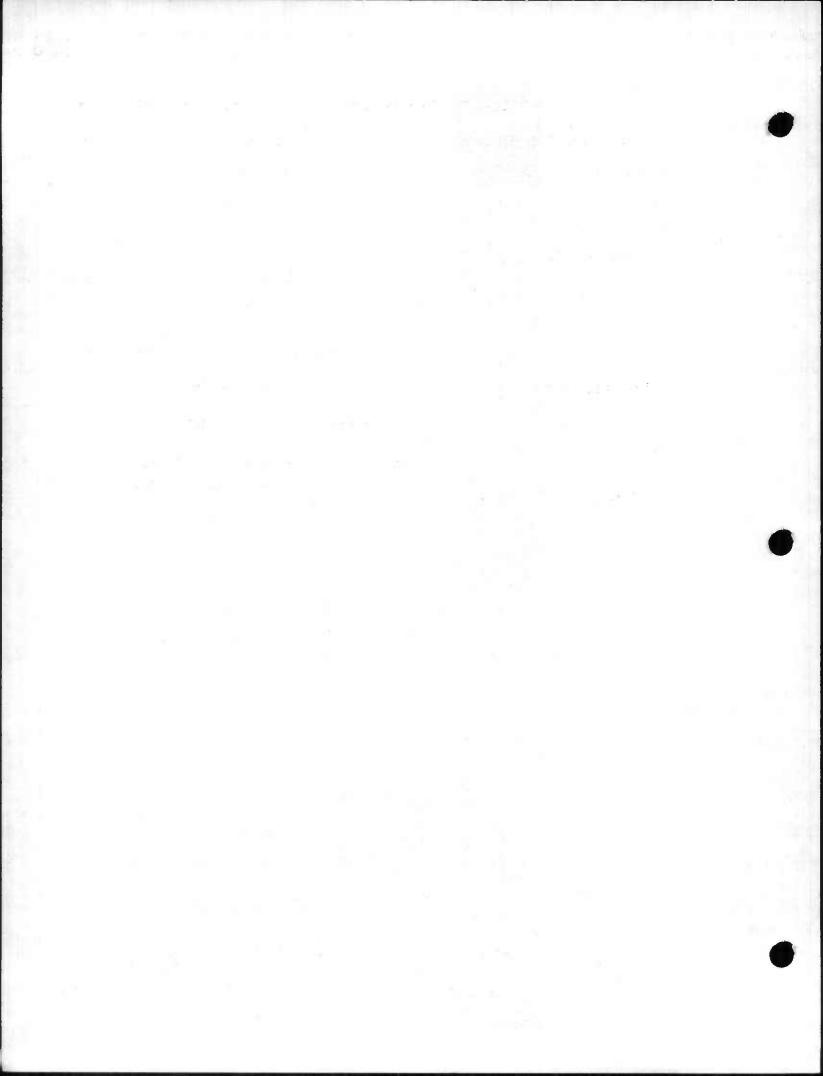
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the business that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6.

-	1. DECEDENT'S NAME (First	Adictotto (aut)		_					$\overline{}$					
	Heste			Mary		T.T	EWIS			2. DATE OF E	EATH	1	YEAR	3. TIME OF DEATH
	neste	I		riary			31120			Feb.	28.	1996		3:00 a M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birtnday)	IF UNDER	YEAR	IF UNDER 2	4 HRS.	7. DATE OF B				IPLACE (State or Foreign
			1 🗆 M 2 🗓 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day			Counti	γ)
	216-74-7144			84	tno.					Jan. 2	7, 1	912	Was	hington, D.
	9a. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY,	TOWN 0	R LOCATION	N OF DEAT	TH		9c. COU	NTY OF D	EATH
Œ	G	0 .				0 1								
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DIRECTOR	10e. STATE	10b. COUNT				Y, TOWN OI	R LOCAT	TON			10d. iNSIDE			
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1 7	8th	-12/	Comage (1-4 or 5	"	House	sewif	ρ.					Ho	me	
g \\ \bar{\bar{\bar{\bar{\bar{\bar{\bar{	17, FATHER'S NAME (First, M				11041								me	
at once.	17. FAIHER'S NAME (FIRST, M	fiddle, Last)						16. MOTHE	ER'S NAMI	E (First, Middle	, Maiden S	Surname)		
60 411	Frank			Ward			Jose	ephi	ne	_			Boetler	
E B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number o	or Rural Ro	ute Number, C	ity or Town	, Stete, Zij	Code)		
TO BE	Thomas Lew	ri o			/.10	nt .	Farr	ath Ca	- maai	t Oak	1 1	МТ	215	50
9									Lree					
50	20a. METHOD OF DISPOSIT	TON on 3 ☐ Rem	noval from State			AND DATE OF DISPOSITION (Name of						wn, Stata		
Ĕ	4 Donation 6 Other	r (Specify)		Let	vis Ce	edicty or other place) 3/2 Oakland Mary							arvland	
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Franklin H. Custer Stewart Funeral Home 32 South Second Street Oakland, MD 215													
	Trunga	in Y	Marie	L		3:	2 Sc	outh S	Secor	nd Str	eet	Oak l	and.	MD 21550
2	23. PART i. Enter the d	liseasea, or	complications the	at caused the	death. Do	not enter	the mo	de of dvin	g. such	as cardiec	or readi	ratory er	reat	Approximate
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				State of W	-	Department of r Certificate of			leg. No.	, ,	0100
	Dhusisi		1. Decedent's Neme (First, Middle, Li	*				2. Dete of Dee Month		Yeer	3. Time of Death
All I	Physici /Media			William	Gerald I	ightner		March :	1, 1996	1001	1:35 FM
	Examir	ner	4e. Facility Neme (If not institution, gh				4b. City, Town, or Lo		4c. County		. 1
ш	18.3		Frederick Memoria 5. Sociel Security Number 6.			hdev) If Under 1 Year	Freder:			rede	
	Funeral Director			Sex 7. A(1)☑M 2□F	ge (In yrs. lest birl	rrs. Months Deys	Hours Min.	6. Dete of Birth (Month, Dey Jan. 23,	Year) 1912	9. Birthpi Coun Mar	lece (Stete or Foreign try) yland
	ylend Maria		10a. Stete 10b. County		10c. City, Town	or Location				10	Od. fnside City Limits
	a-f sh	tor	Maryland Carro	11	1	Vestminster					1 ▼Yes 2 No
	or 28	Director	10e. Street end Number			10f. Zlp Code		1	0g. Citizen of V	/hat Coun	try?
	23a		406 Oak Hill Ct	•			21157		U	.S.A	
Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examera regiment per position at once.	by Funeral	11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:	?	13. Wes Decedent of H If Yes, specify Cube 1 ☐ Yes 2 ☒ No	dispanic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		- America k, White, o	etc.
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ary	shou and M marri	-	19e. Informent's Neme/Reletionship	Type, Print)	19b.	Meiling Address (Street	end Number or Run	al Route Number	r, City or Town,	State, Zip	Code)
2	and 2 alth a 27 ls		Thelma Lightner		4(06 Oak Hill	Ct.	Westm	inster,	MD	21157
ore	of He		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐	Domougl from State	20b. Plece of cemeter	Disposition (Neme of y, cremetory or other ple	ce)	Dete	20c. Location -	City or To	wn, State
Ē	ment ant: I		4 Donetion 5 Other (Speci			ul's Luth. (Cemetery 2	/4/96	Uniont	own,	MD
Baltimore,	Depart Import any In		21. Signature of Funerel Service Lice	Sarb	len	22. Neme end Addre	D.D	. Hartz	ler & S	ons	
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Box 68	35 CD 65		leading in deeth) Lest		1						
	O O D	Physician/M	Pert II. Other significant conditions of	contributing to death b	out not resulting in	the underlying cause give	ven in Pert I	23b. Dfd to	obacco use con	tribute to	the cause of death?
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S	る世界を	Certification:	4 Homicide determined		c. (Specify)	in, stroot, roctory, office		City or Town		, , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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			30. Name and address of person who	completed cause of o	leeth (Item 23e) (Type, Print)	/	0 1	11/1/	_	
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death DRUSLILLA 1. Decedent's Nema (First, Middla, Last) 2. Date of Deeth Feb MARGARET DRUS:
4e. Fecility Neme (If not institution, give street end number) LEE 29 4b. City, Town, or Location of Death 4c. County of Deeth Washington County Hospital | Hagerstown Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | Was | W Washington 6. Sax 1 ☐ M 2 ☐ F 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) 5. Social Security Number 218-40-3838 52 Yrs 1943 Maryland July 14 Usuei Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2√ No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 19711 Shiloh Church Road 21742 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 MNo If Yes, Give Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Rece - American Indien, Bleck, Whita, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuei Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) 10 0 Hew own home Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Surneme) Wingerd Domer Charlotte Ridenour 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William A. Funk, Sr. 19711 Shiloh Church Rd. Hagerstown, Md. 21742
Disposition (Name of 20c. Location - City or Town, Steta 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 1 XBuriel 2 Cremetion 3 Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Rest Haven Cemetery 3-4-96 Hagerstown, Maryland 21. Signeture of Fuperel Sarvica Licensae 22. Name end Address of Fecility Minnich Funeral Home 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 21740 Approximata Intervai Between Onset and Death Immediate Cause (Final Mekikhe Rec/21 disease or conditior rasulting in death) Y Call Due to (or es e consequence of) Sequentielly tist conditions, if eny, leading to immediate cause. Entar Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or as e consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Renal Failure 24b. Were eutopsy findings eveilebie prior to completion of cause of daath? 24e. Wes an autopsy performed? 1 Yes 2 No 1 □ Yes 2 □ No 26. Plece of Death (Check only one) Hospitei: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28b. Time of

Physician /Medical Examiner

Department of Health or Important: If Item 27 Is any Injury or other treu once.

Physician

/Medical

Examiner

Directo

Funerai

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Completed

Be

Funeral

Director

Pages 1 and 2 should be filed within 72 hours effer death with the Meryland nent of Health end Mental Hygiene. Int: If item 27 is marked other than "natural", or items 23s. or 28s-1 show

Baltimore, Maryland 21215-0020

treumatic event, the Medical Examiner must be notified at

Examiner Physician/Medical by Completed Be

Certification: To

I or Attending Physician: The law requiras that the death certificeta be executed effer death.

Director: After this certificate has been signed by the ettending physician and P.O. Box 68760. ettending physician signed by Division of Vital Records. in by the within 24 hours oft To the Funeral DI completaly filled in ş

State Registrar

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Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical examiner?
1 ☐ Yes 2 ☑ No 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28c. Injury et Work? 5 Pending investigation 1 Neturei 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner as steted.

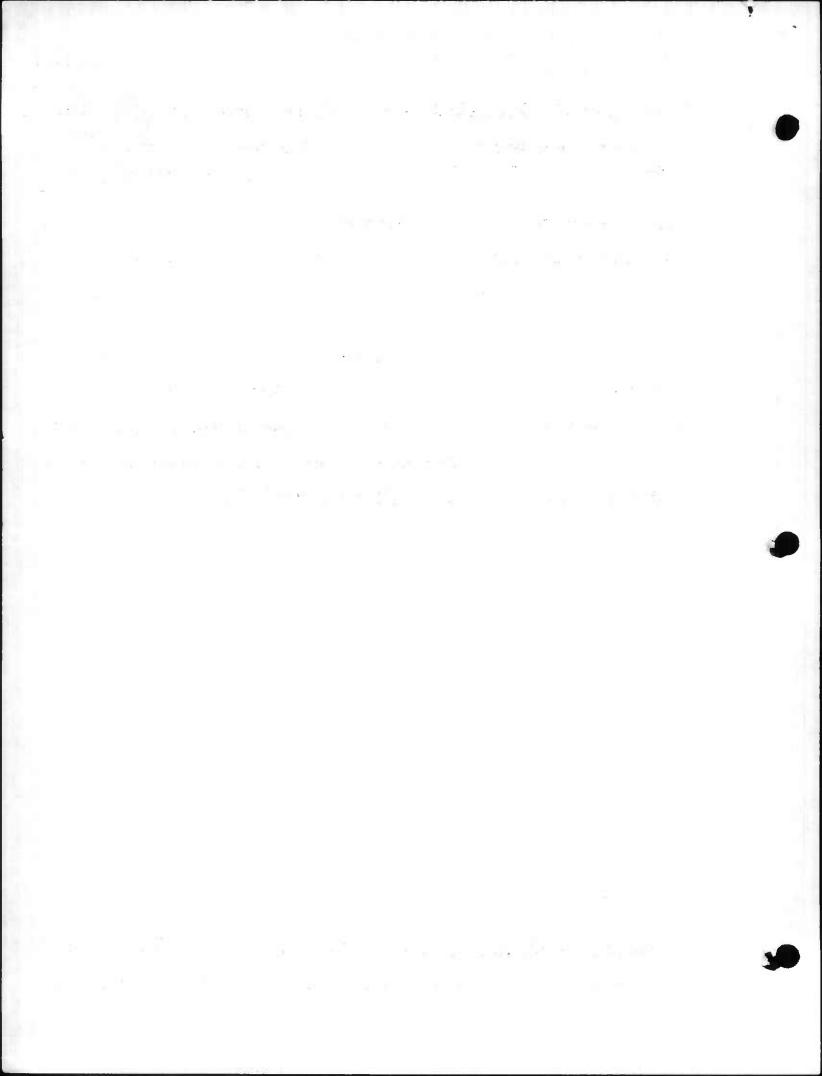
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end manner stated. 29e, Certifier Medicai 29b. Signeture end title of certifier 29c. License number 29d. Deta signed (Month, Dey, Year)

> Melmort M.D. 041667

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Je Basistrad Gordine well Read Hegerbun, MO 21740 Milocmack Michael J.

31. Dete filed (Month, Day, Year)
MAR - 4 1996



State of Maryland / Department of Health and Mental Hygiene

			Ce	ertificate of Death	Re	ng. No.	08138
r	Ohusisi		Decedant's Name (First, Middle, Last)		2. Date of Deeth Month	h Day Yaar	3. Time of Death
4	Physici /Medio		Ann Maxie Long	<u> </u>	2	25 1996	19.09
A.	Examir		4a. Facility Nama (If not institution, give street and number)	4b. City, Town, or Lo	cation of Death	4c. County of Deat	th
1	c	-	Washington County Hospital 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthda)	Hagersto	own	Washing	ton Co.
П	Funeral		1□ M 2₽ F ¬ < ∨ ~	y) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	(Month, Day,	Year) 9. Birt	hplace (Stete or Foreign puntry)
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	Mend Mend		10a. Stata 10b. County 10c. City, Town or	Location			10d. Insida City Limits
	Man	ţo	Pensylvania Lawrence Enon Va	alley			1 Yas 2 No
	or 28	Director	10e. Street end Number	10f. Zip Coda	10	og. Citizan of What Co	ountry?
Во	72 hours efter death with the Manifend natural, or items 23s or 28s-f show dics! Examiner must be notified at	ai	Box 118, R.D. #1	16120	τ	JSA	
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lar	should be filed within nd Mental Hygiene. marked other than "umetic event, the Mental Committer of the	To B	Marco Williams	Amin	ta Adam	ni	
Maryland	and No.			liing Addrass (Street and Number or Rura	al Routa Number,	City or Town, State, I	Zip Coda)
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ore	of He		20a Method of Disposition 20b. Place of Dist	position (Nama of rematory or other place)		20c. Location - City or	
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Baltimore,	permit. Pages 1 an Department of Heal important: if Item 2 any injury or other once.		21. Signatura of Funerel Sarvice Licensaa	22. Nama and Addrass of Facility Sny	der-LOCH	ISTAMPFOR	F.H. INC.
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	/Medical Examiner		Immediate Causa (Final disease or condition rasulting in deeth)	Addominal Andi	e free	my Ann	2 hours
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o T	icate be executed physician and s the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.	equance or):		1	
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	ntifica ng ph es th	Pa	resulting in death) cast			i	
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0	law requires that the death certificate be executed es been signed by the ettending physician and a 2 should be deteched for use as the burial-transit	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the	underlying causa given in Part I.	23b. Did tol	bacco use contribute	to the cause of death?
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Sec	e law hes b	Jdu					of death?
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Division of Vital	Attending Physician: The or death. ector: After this certificate by the funeral director, pay	Be	25. Was cesa rafarrad to medical axaminer? Hospitel: Hospitel:	26. Place of Daeti			
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/ISI	Atten ector: by the	fica	3 Sulcida 6 Could not be determined 28a. Place of Injury - At home, farm, s	straat, factory, office		reet and Number or Ru	ural Routa Number,
á	afte afte	Certification:	4 Homicida building, alc. (Specify)	3,53,53,57	City or Town	, Steta)	
	To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Cartifliar (Check only (Check only 7 Madicat Evaluation Con the basis of evaluation and/or	ath occurred at the time, data and place,	and due to the ca	iusa(s) and mannar as	s stated.
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ē	To To I	Σ	29b. Signetura and title of certifler	29c. Licansa number	29	ed. Data signed (Mont	h, Day, Year)
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			30. Nama and addrass of person was completed cause of death (Itam 23a) (Type	e, Print) 370 mill	ct 11	- 1	4 D 217 C
			31. Data filed (Month, Dey, Year) 32 Applistrar's Signature	D. 210MIL	21. May	oonstewn.	rua -11 yo
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State of Maryland / Department of Health and Mental Hygiene Q 5

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daath 3 Time of Death Month **Physician** Yaar Robert Stuart 1020 PM LATRD March 2, 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1038 Brinker Dr. #102 Hagerstown Washington If Under 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year 5. Social Security Number 6. Sax 1 M 2 ☐ F Birthplace (Stata or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** 012-12-4438 Yrs. Director 78 May 26, 1917 New Jersey Usuei Rasidance of Dacedani 72 hours after death with the Meryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits Items 23s or 28s-f show instrust be notified at 1 AYas 2 No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1038 Brinker Dr. #102 21740 USA Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 X Yes 2 □ No If Yas, Giva Year or Dates: W.W. II 13. Was Dacedant of Hispenic Origin? (Specify Yas or No-lt Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amaricen indian, Bieck, Whita, etc. 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 ☑ Widowad 4 ☐ Divorced Completed traumatic event, the Medical 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highest grada complated) 16b. Kind of Business/Industry oe filed within 7. (all Hygiene. Coilega (1-4or 5+) Elamantary/Secondary (0-12) Ribbon Manufacturer 12 Industrial Engineer permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If flem 27 is marked other any Injury or other traumatic event, 906.8. 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Forest A. Laird Daisv 2 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) Rosemary Broom - Daughter Tucker, Georgia 30084 2592 Ball Park Drive 20b. Piaca of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 X Cremation 3 ☐ Ramovei from Stata 3-5-96 4 ☐ Donetion 5 ☐ Othar (Specify) Hagerstown Crematory Hagerstown, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility MINNICH FUNERAL HOME 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one beuse on each line. Approximate intervel Between Onsat end Death **Physician** /Medical Immediate Ceuse (Final Chroni. Obena diseese or condition artes Examiner Dua to (or as a consequence ot): Examiner The law requires that the deeth certificate be executed physician and s the buriel-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undartying Ceusa (Disaase or Injury that initiated avants resulting In death) Last Dua to (or as a consequence ot) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequança of): ŏ ed by the deteched Part ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy tindings aveileble prior to been si Completed 24e. Was an autopsy performed? completion of cause of death? page 2 1 Yas 2 DNo certificate 1 ☐ Yas 2 ☐ No or Attending Physician: director, 25. Was casa raferrad to medical Be 26. Piaca of Death (Check only ona) Other: 4 Nursing Home 5 Residenca 8 Othar (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Dey Year) After thi Certification: 27. Manner of Death 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturai 5 Panding invastigation within 24 hours efter deeth.

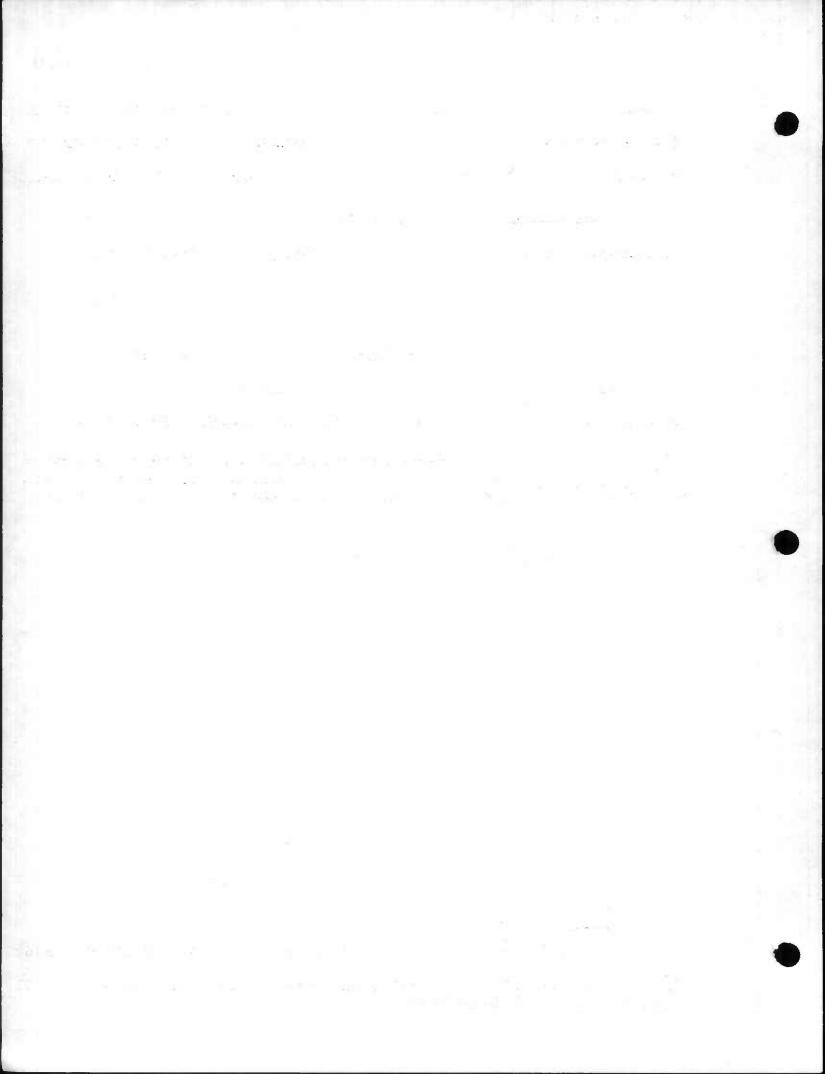
To the Funeral Director: All completely filled in by the fu deeth. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Couid not be datermined 3 Sulcida 28f. Location (Street and Number or Rurai Routa Number, City or Town, Stete) 28a. Piace of Injury - At homa, tarm, streat, factory, office building, atc. (Specify) 4 Homicide Hospital 29e. Certifier 1 🕰-Certifying Phyeiclan: To the best ot my knowledge, deeth occurred at tha tima, date and place, and dua to tha ceuse(s) end manner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or Invastigation, in my opinion, death occurred et the time, data and place, and due to the cause(a) and manner stated. **\$** 29b. Signatura and title of costifiar 29d. Data şigned (Month, Day, Year) 0 26579 mo 30. Nama and addrass of person who complete the complete leted ceusa of daath (Itam 23a) (Type, Print) 747 Northe Heyester, Md. 31. Data tiled (Month, Dey, Yaw) 32. Registrer's Signature State 5 1996 Registrar

DHMH 16 Rev 6/95

96-1121-005 UNK. # 96-045 CMK AMENDED #1 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 5

partment of Health and Mental H	ygiene	06	08	11.	
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	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. Is		If Under 1 Yaar Months Deys		8. Data of Bi (Month, D	irth ey, Year)	9. Birthpiac	e (Stata or Foreign
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	r 28a	Director	10e. Street end Number		10f. Zip Code			10g. Citizen of W	/het Country	?
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Maryland	and A	-	19a. tnforment's Neme/Reletionship (Type, Print)	19b. Malling	g Address (Stree	t end Number or Rui	al Route Numb	per, City or Town,	State, Zip Co	ode)
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0 0	Ag Ph ter th nerai		27. Menner of Deeth 1 □ Neturel 5 □ Pending (Month, Dey Year) 28a. Dete of injury (Month, Dey Year)	28b. Time of Injury	28c. inju		28d. Describe	how injury occurre	ed	II OCLINE
SIO	Attending in death. octor: After by the fune	catic	2 Accident investigation 3 - 2-96	0340	9 M 1	Yes 25No	Subj	ect sh	01	
	or Att	Certification:	3 ☐ Suicida 6 ☐ Could not be determined 28e. Place of Injury - At hon building, etc. (Specify)) ,	et, fectory, offica		City or To	(Street end Number wn, Stete)	er or Rural R	oute Number,
	ours a		Parking				634	70.		
	Hos 24 hc Fun etely	edicai	29e. Certifiar (Check only one) Check only one) Medical Examinar: On the basis of exeminetic end mannar steted.	on end/or inva	astigetion, in my	me, dete end plece, opinion, deeth occur	and due to the red et the time,	dete end plece, e	nner as stete	d. e cause(s)
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Me	29b. Signature and title of certifier		29c. Licen	sa number		29d. Data signed	(Month, De	y, Year)
	->=0		PPLL		0.0	ME				
		ŀ	30. Name end address of person who completed cause of deeth (Item 2	23e) (Type, P		C.M.E.		MAI	ACH U	2, 1996
			David R Burler	111		Street,	Baltin	nore, Ma	aryla	nd 21201
	Sta		31. DMAR (M) 15 01995") Juli 2 Javi 182 5 200	Heleff		•			-	
l,	Registr	ar								



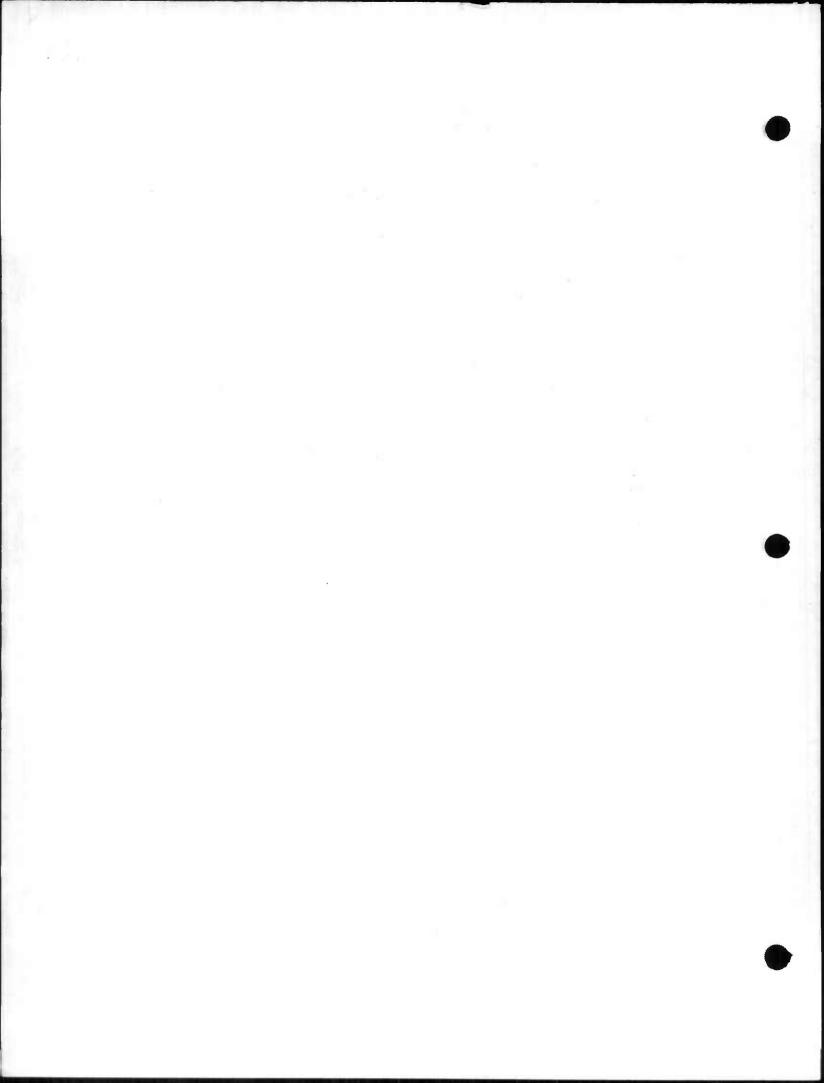
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should retained by the hospital or attending physician. once. H notified hours after death. Page 6 may be 9 must funeral director, examiner n by the 1 removal. medicai filled in by the completely event, executed bunal, other traumatic and 9 physician OR ATTENDING PHYSICIAN: The law requires that the death certificate be prior Нудівпе р the attending of Mental Hygien 5 Injury, been sign-1 by th any shows ; Dept. 23 this certificate has with the State Carte is marked, THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After to filed within 72 hours after death 28 Item TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

FOR 4/12/96 reSTATE OF MARYLAND / ULTANIMENT OF DEATH REGISTRAR Item: 11. per Inf.F.H. G-734 CERTIFICATE OF DEATH 4/12/96 restate of maryland / department of health and mental hygiene REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR GEORGE T. LARKINS, JR. MARCH 1996 B. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birtnday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 220-16-7249 MARCH 19 MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY t X YES 2 NO MARYLAND ANNE ARUNDEL ANNAPOLIS FUNERAL 10e. STREET AND NUMBER tor, ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 20 HICKS AVENUE 21401 US tt. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) t Never Married 2. Scharted Specify BY t TYES 2 NO Specify 3 Wildowed 4 XX Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 3rd 0 BARBER U.S. NAVAL ACADEMY 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE L. LARKINS MARY B. GREEN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 466 MAINVIEW COURT GLEN BURNIE, MD. 21061 DOROTHY MEDLEY 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State

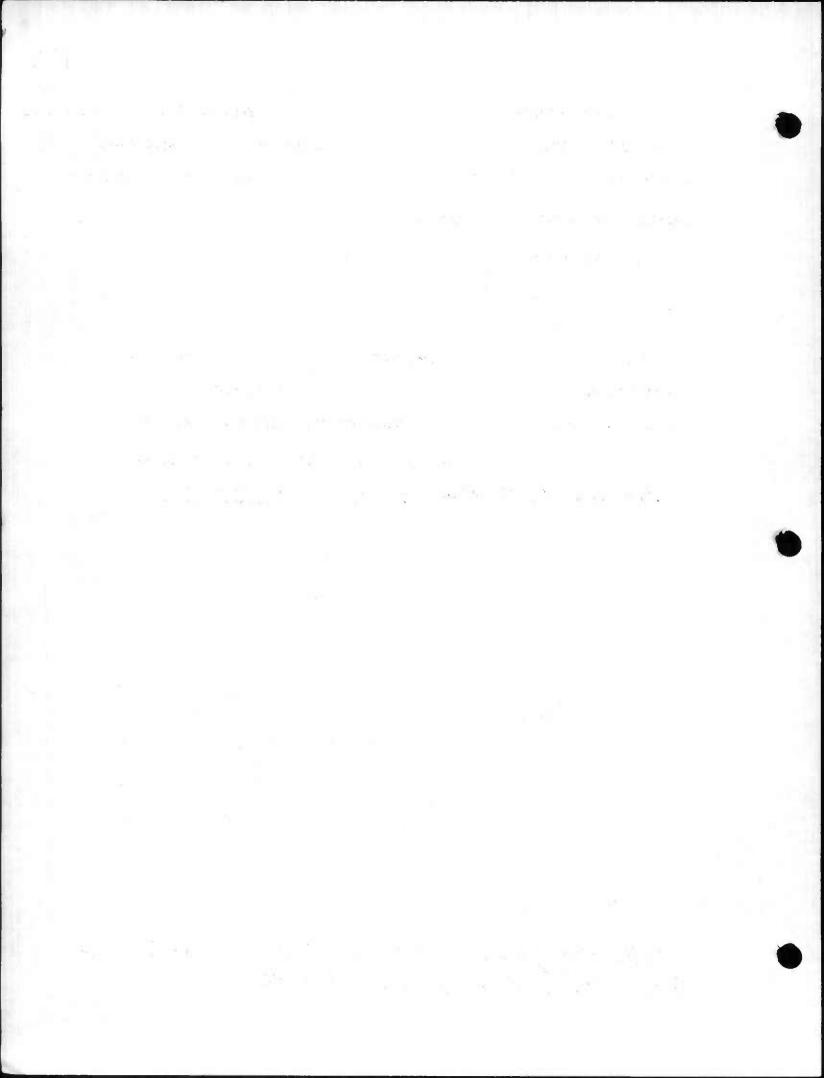
Donation 5 Other (Specify) ANNAPOLIS MEM. GARDENS 3/7/96 ANNAPOLIS, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. REESE & SONS MORTUARY, P.A. arr eese WEST ST. ANNAPOLIS, MD. 21401 821 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition_ resulting in death) dia DUE TO (OR AS A CONSEQUENCE OF Carolis CERTIFICATION Sequentially liet conditions, CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury AS A CONSEQUENCE OF thet initiated evente recuiting in death) LAST PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO SOPD COMPLETION DF CAUSE t YES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) t YES 2 NO t | Inpatiant 2 R/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Natural 5 Pending t YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, Jarm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D25499 196 O COMPLETED CAUSE OF DEATH (ITEM 27) Type 9 Admira Cochrane Annapolis 2140 31. DATE FILED (MONTH 32. REGISTIAR'S SIGNATURE
JUNA DAY OLON



State of Maryland / Department of Health and Mental Hygiene

08142

						Cei	rtificat	e of	Death			Reg. No.		00172		
		7	1. Decedent's Neme (First, Middle, La	st)							2. Date of De	eth		3. Time of Death		
	Physici		ELIZABETH					Month FEB. 27	Dey 1996	Yaer	11:50 pm					
5.	/Medic Examir		4a. Facility Nama (If not institution, giv		ber)				4b. City, To		cation of Deat		y of Death			
	LAGIIII	161	72 SOUTHGATE AVEN						ANNAP	פת דכ		ANNE	ARU	NDEI		
	Francis		5. Social Security Number 6. S		. Aga (In yrs.	last birthday)	If Under	1 Yaar			8. Date of Bir	th				
	Funeral Director			□M 2및F	72	Yrs.	Months	Days	Hours	Min,	(Month, De NOV 11	y, rear)		piace (Steta or Foreign intry) YLAND		
	land		10e. Stete 10b. County		10c. Cit	y, Town or Lo	cation							10d. Inside City Limits		
	Mary	0	MARYLAND ANNE ARU	NDEL	ANN	NAPOLIS	5							1 X Yes 2 □ No		
	the the	Director	10e. Street end Number				10f, Zip	Code				10g. Citizen of	What Cou	intry?		
	k it		72 COURTICATE AVE	NITTE										,		
	eath 22	Funeral	72 SOUTHGATE AVE	12. Was Deced	lant Evar in U	S. 13.1		1401		igin? (Sp	ecify Yes or No	US 14. Ra	ce - Ameri	ican Indian,		
	ther d	Fun	1 Never Merried 2 Married	Armed Ford	es?		f Yes, spec	cify Cub	an, Mexica	n, Puarto	ecify Yes or No Rican, etc.)	Bla	ck, Whita	, atc.		
Maryland 21215-0020	d within 72 hours after death with the Maryland isone. I then "nature!", or flems 23a or 28a-f show or Medical Examine must be notified at	b	3 ☑ Widowed 4 □ Divorced	If Yes, Give	4.5		1 □ Yas	2 🔯 No	Specify.			Specif	_{fy:} BL	ACK		
ŏ	2 hou		15. Decedent's Ed			16a. Deced	dent's Usua	al Occup	pation			16b. Kind of B	lusiness/ir	ndustry		
215	n n	Completed	(Specify only highest gra	de completed) College (1~	for E.\	(Give	kind of wor DO NOT us	rk done se retire	during mos	st of work	ing					
21	77 75 16 16	E	8th	O O O	401 34)	HOMEMA	KER									
D	be filed tai Hygie d other event, to	Bec	17. Fathar's Name (First, Middle, Last)			110111111			18. Moth	er's Neme	e (First, Middle	OWN HO				
lar	D 2 0 0	To B	THOMAS BOOZE							JULI	E NEWTO	ON				
ary	d 2 should be th and Mentai T is marked or traumetic eve		19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Reletionship (Type, Print)							er or Rur	al Route Numb	er, City or Town	, Steta, Zi	ip Code)		
			HAROLD LLOYD, JR. 72 SOUTHGATE AVE. ANN							ANNA	POLIS,	MD. 214	01			
re	of Health of Health I Hem 27 I		20a. Method of Disposition 20b. Piece of Disposition (Name of								Dete	20c. Location	- City or T	own, Stete		
E	Page ent ont: If ry or		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification 5 ☐ Other (Specification 5)		leta	NAPOLIS				3/	2/96	ANNAPOI	IS,	MD.		
Baltimore,	permit. Pages Department of H important: If the sny injury or of		21. Signeture of Funerel Service Licen			22	. Nama an	d Addre	ess of Facili	ity						
Ö	Depa impo sny i		Harry.	刀、大	els						RTUARY		0.0			
		\vdash	23a. Pert1. Enter the disease, or com-	plications thet ca	used the deet							MD. 214	101	Approximate		
C	Physician		shock, or heert feilure. List only one ceuse on each line. Interval Bet Onset and													
	/Medical		Immediate Cause (Final	C (.	-10	1000	CO	0.4						1. 11		
	Examiner		disaasa or condition rasulting in death)	a. CV	orun	9100	CIVI	OVV	14					6 MOS		
		ě	Immediate Cause (Final disassa or condition rasulting in death) a. CholougioCorcinomy Due to (or es e consequence of): Liver Fairure											T MOS		
	uted	Examiner	Sequentially list conditions	b. ———	-	or es e consec	9	10	KE					1 1402		
o î	eath certificate be axecuted attending physician and I for use as the burial-transit	ă														
68760,	ysicie be bu	cai											-			
	tifica ng ph as th	Medical	resulting in death) Lest			2000							i			
Box	h cer endir r use	N/W		d												
	0 0 0	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.								23b. Did	tobacco use co	ontribute 1	to the causs of death?		
P.O.	t the by the	h	Asci	TEC							10	Yes 2 XNo	3 □ Pro	obably 4 Unknown		
	aned b	by F	/1301	100					<u> </u>			/ \				
Vital Records,	w requires that been signed I should be det											an eutopsy	24b. V	Vere sutopsy findings valiable prior to		
900	iaw re ias be s 2 sh	pie											0	ompletion of causa f death?		
č	ilcian: The lav certificata has rector, page 2	Completed									10	Yes 20 No	1	☐ Yes 2☐ No		
ita	En: tifica tor, p	Be C	25. Wes case referred to medical						28. Plac	e of Deeth	n (Check only		1			
	G 00	To B	examiner?	Hospitel:	patient 2	ER/Outpatier	nt 3 DC	Ot Ot	her	ursina Ho		dence 6 □Ot	har (Soec	ffv)		
10	a Phys er this eral d		27. Manner of Deeth	28a. Dete of	injury	28b. Tima of		8c. Inju	ry at			how injury occu		-		
<u>o</u>	ath. r: Ath	atio	1 Naturel 5 Pending 2 Accident investigation		, Day Year)	Injury	M		Yas 2	No						
Division	is or Attending Patter death. Director: After to in by the funerations.	Ifica	3 Sulcida 6 Could not be determined	286. Piece 0	f Injury - At he	ome, ferm, str	eet, fectory	, office			28f. Location (Street end Num	ber or Ru	ral Route Number,		
Ö	a afte	Certification:	4 D Homicide	building	, etc. (Specif	y)					City or To	wn, State)				
	To the Hospital or Attanding Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29e. Certifier Certifying Ph	ysician: To the b	est of my kno	wledge, deeth	occurred	et the ti	me, dete er	nd plece,	end due to the	cause(s) end m	enner es	steted.		
	n 24 n 24 ne Fu	edicai	(Check only one) 2 Medical Exam	niner: On the bas end menne	is of examine or steted.	tion end/or inv	vestigetion,	, in my o	opinion, dee	eth occurr	ed at the time,	date end place,	and due	to the cause(s)		
	To the To the Complex	Σ	29b. Signature and title of certifier	16	4		290	. Licens	se number	_		29d. Dete sign				
			Michaelx	Cossi	Ele	211)	/	23	1442	26		2.2	9.	96		
			30. Name and eddress of person who	completed cause	of deeth (Item	23a) (Type,	Print)	, 1		111.	1		-			
			62/ Kidale	V AL	10	HNN	a.1	ud	21	40	1					
	Sta	te	31. Dete filled (Month, Dey, Year)	32. Rej	istrer's Signe	iture 😘	1.00									
	Registr	ar	MAR 0 5 199	36 🎢	Ma Davi	dson-yar	location.									



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

		TIEGIOTTAT			-NIII	ICATE	UF	DEAL	П		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH	Y	YEAR 3	. TIME OF DEATH
		John THOMAS	Lane							Marc		199		2:00 PM
		4. SOCIAL SECURITY NUMBER	1	GE (In yrs. les	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	-	7. DATE OF (Month, D	BIRTH lev Weer		B. BIRTHPL Country)	LACE (State or Foreign
9	1	218-24-6175	X M 2 □ F 9	6	YRS.	MON1/NS	LIAYS	HOURS	MIN.	JAN.	11,1	.900		RYLAND
pinous	_	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I										TY OF DEA	TH	
2,	O.	The Pines				Ea	ston	1			Ţ	albo	st.	
- -	СТО	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT											arbe	/
Pages	Ë					Y, TOWN OR	LOCAT	TION						Od. INSIDE CITY LIMITS?
permit.	٥	MARYLAND TA	LBOT		<u>EA</u>	STON							1	☐ YES 2XXVO
	RAL				101. ZIP CODE							10g. CITIZ	EN OF WH	AT COUNTRY?
020 physician. burial-transit	FUNER	26201 TODD PLO						2:	1601	L			U	SA
020 physician burial-trar	5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 50 P	2 NO If yes, specify Cuben, Mexican,					IC ORIGIN? (Specify Yes or No			14. RACE - Black, 1	- American Indian, White, etc.
	B≼	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES TA				NO NO					Specify:	DIACE
(b) (d)	ED	15. DECEDENT'S EDU	ICATION	16a DE	CEDENT'S	USUAL OCC	HEATIO			T see M	ND OF BUS	INSOC INC.	IO TIME	BLACK
8 5	ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			g	100. K	NU OF BUS	INESS/INDU	151H1		
ND ND hospital	7	6	College (1-4 or 5 +)		שמגי	TAKE	D				DCTP	7737777	CAT :	DCM N M D
	COMPL	17. FATHER'S NAME (First, Middle, Last)			AND	IAKE		18. MOTH	IFR'S NAM	E (First, Mide			AL	ESTATE
YLA by the be der	EC	CHARLES BENJA	FANNIE BLACKWELI											
MAR retained 5 should	100	19e. INFORMANT'S NAME (Type/Print)	b. MAILING	ADDRESS (Street or			oute Number,			Codel			
M/ reta 5 st	2	EDNA PONEY										K, NY 100		
may be		20e. METHOD OF DISPOSITION		20b. PLACE					• / -	DATE			aty or Town	
		1 Donation 5 Other (Specify)	novet from State	COPPI	matory or of	her place	CE	emean	FDV					
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LI		COLLI	JILD V	22. N/	ME AN	D ADDRES	S OF FAC	ILITY				RYLAND
ALTIN death. Pag funeral di i.														M FUNERAL
		JOHN R. ME	RIERON	CFST	>	20	0 5	5. H	ARRI	SON	ST.,	EAS	TON	, MD
urs in t		23. PART I. Enter the diseases, or shock, or heart fallure.	List only one cause or	sed the de n each line	eth. Do n	ot enter th	na mod	de of dylr	ng, such	as cardie	or reepir	atory arre	st,	Approximata Interval Between
filled on or		IMMEDIATE CAUSE (Finel	NII	11.5	4,-	- 41	1.		18	- 1				Onset and Death
or and in the state of the stat		disease or condition resulting in desth)	· dru	M	w	ON	4	ers	100	ach	1h	1		6 110
767 ed wi		5-71.0	DUE 30 (ONA	S A CONSEC	DUENCE OF	1. 4		11	in	. //	11.	5		20.
execute on and on to burial to burial to mattic	NO N	Sequentially list conditions,	Lucy	Me	W4	on	1	12	a	C/n	X	7		nado
Clan clan	CATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO JOH A	a A COMSEC	IVENCE OF	-								,
phys ne pr	윤	CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):												
Hygle P	ERTIFI	resulting in death) LAST												
			d								-			1
	A P	PART II. Other significent condition	ns contributing to deet	but not n	eeulting i	n the unde	erlying	cauee gi	Ivan In P	Part I. 24	a. WAS AN A			ERE AUTOPSY FINDINGS
D to be to be	EDICAL									1	PERFORI	4	C	MAILABLE PRIOR TO OMPLETION OF CAUSE
quires the control of	S 1									_ '				F DEATH?
AL ME law requents been bept. of the	Z ≥	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEA	TH YE	S N	0 🗆	UNC	ERTAIN					
I I AL. V: The law cate has I State Dept item 23		25. WAS CASE REFERRED TO MEDICAL EXAMINER?				H (Check onl								
	Sic	1 TES 2 NO	HOSPITAL: 1 Inputient 2 ER/O	utpatient 3	□ DOA	OTHER:	g Home	e 5 🗆 Res	sidence 8	Other (S	pec/fy)			
ATTENDING PHYSICIAN: ATTENDING PHYSICIAN: ECTOR: After this certifics s after death with the St 28 is marked, or it		27. MANNER OF DEATH	26e. DATE OF INJUR (Month, Day, Yea		26b. TIMI	-	Bc. INJL	URY AT		26d. OESCR		JURY OCCI	JRED	
NG PHYS ther this marked	BY	1 Natural 5 Pending Investigation	(,			_	ES 2	NO					
NOING R: After or death		3 Suicide 6 Could not be	26e. PLACE OF INJU- building, etc. (S	RY — At hor	me, farm, s	treet, lectory	y, office	•		281. LOCATIO	ON (Street er own, State)	nd Number o	r Rural Rou	te Number,
OR ATTEN DIRECTOR: hours after tom 28 is		4 Homicide determined		,						Ony or ,	Own, State)			
	1 -1 0	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, de	eth occurre	d at the time	e, date	end plece.	end due to	o the cause(e) end manr	ner ee state	d.	
HOSPITAL FUNERAL within 72 I	1 65 11		R: On the besis of examina											nd manner es stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	Ö	296 MIGHATYRE AND TITLE OF CENTRE	A			-		29c. LICEN						fonth, Day, Year)
		11 +11/1/11/1	/ lixXXI	der					112	108	/	▶ 2	5 - L	f ~ G
₽₽%.	유	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CADSE OF	DEATH (ITEA	(27) (Type.	Print)		1/1	1 /	N D				16
		R. LANE WROTH,					ST.	MTC	CHAF	LS.	MD 2	1663		
		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SI	GNATURE		, .						2000		
		MAR 06 1996	Jaha Bavole	en-Ran	fall									

State of Maryland / Department of Health and Mental Hygiene 96 081

						Cer	tifica	te of	Death			Reg. No.	0		
			1. Decedent's Name (First, Middle, La	ist)							2. Date of De Month		V	3. Tir	ma of Death
	Physic Medi,		Sarah Morsell									Day 8, 1996	Year	17:	15
	Exami		4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of De											4	1.3
			Calvert Memoria	l Hospital]	Prince	Fre	ederick	Calv	vert		
	Funeral Director		5. Social Security Number 6. S 577-34-7434 Usual Residence of Decedent	Sex 7. Ag	e (In yrs. lest 84	birthdey) Yrs.	If Unde Months	Days	If Under: Hours	24 Hrs. Min.	8. Date of Bir (Month, Da Dec. 5	th y, Year) , 1911	9. Birthpl Count Ma:	lace (St try) ry1a	and
	anyland show		10a. State 10b. County		10c. City, To	own or Lo	cation						10		de City Limits
	No M	Director	Maryland Calver	t	0	wings								ווי	Yes 2 No
	ith with the 23s or 2 ust be n		10e. Street end Number 141 Booth Have	n Lane			10f. Zij	2073	36			10g. Citizen of V	Whet Coun	try?	
020	should be filed within 72 hours effer death with the Maryland nd Mental Hygiene. Trained other than "natural", or items 23a or 28a-f show immited other than "natural" are marked on the marked of the marked of the marked of the marked of the marked of the Maryland of the marked of	by Funeral	11. Meritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 Y			Was Dece f Yes, spe i □ Yes			gin? (Sp i, Puerto	ecify Yes or No Rican, etc.)	- 14. Red Bied Specify	ca - America ck, White, e y: B1a		ın,
5-0	72 h	etec	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	10	6a. Deced	kind of wo	ork done	during most	t of work	ina	16b. Kind of B	usiness/Ind	Justry	
Maryland 21215-0020	within then.	Completed	Elementery/Secondary (0-12)	Coilege (1-4or 5	i+)	life. L	nesti	se retire	d)			Someone	روام د	a † s	home
	Hygir Hygir Hygir Hygir		17. Fether's Name (First, Middle, Last,)					18. Mothe	r's Nam	e (First, Middle,	Someone else's home			
lan	id be ked c	To Be	Cephas	R	anda11				Susi	e		Но	1t		
ary		-	19a. Informant's Name/Relationship (s (Street	and Numbe	er or Run	al Route Numb	er, City or Town,	State, Zip	Code)					
	47		Tracy Gross/Grand	ddaughter	1	41 Bo	ooth	Have	en Lan	ie	Owings	MD 207	ID 20736		
ore	of He		20a. Method of Disposition 1 ☒ Bunal 2 ☐ Cremation 3 ☐	Demousi from State	20b. Place ceme	of Dispos	sition (Na	me of other pla	ce)		Date	20c. Location -	ation - City or Town, State		
Ĕ	Pages ment of I ant: If its ury or o		4 □ Donetion 5 □ Other (Specif		Coop	ers l	UM Ch	ir. (Cem.	3,	13/96	Dunki	irk, N	MD	
Baltimore,	permit. Pages 1 an Department of Heal Important: if item 2 eny injury or other 2006.		21. Signature of Funerel Servica Licar	nson	- M							neral Ho ce Frede		MI	20678
			23a. Pert1. Enter the disease, or com	plicetions that caused	the death. D	o not ente	er the mod	de of dyir	ng, such es	cardiec	or respiratory a	rrest,		Approx	rimate
	Physician /Medical	-	shock, or heert failure. List only			He	A	ler	oca	rev	nom	C.	1	Onset	i Between and Death
	Examiner	er	disease or condition resulting in death)	θ	Due to (or es									U	
Ć,	executed n end iel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Olsease or Injury	b	Due to (or as	a conseq	uence of)	:							
68760,	that the death certificate be executed of by the attending physician end detached for use as the buriet-transit	ledical	Cause (Disease or Injury that initiated events resulting in deeth) Last	C	C. Due to (or es e consequenca of):								1		
XO	th cert endin	an/M				-	<u> </u>								
	deet de att	sicia	Part ii. Other aignificant conditions of	ontributing to death bu	ontributing to death but not resulting in the underlying cause given in Pert f.						23b. Dfd	tobacco use co	ntributa to	the ca	use of death?
, P.O. B	ef that the igned by the be detach	by Physician/									10	Yes 2□No	3 Prob	ably	4 Unknown
Division of Vital Records,	v requir	Completed b										an autopsy med?	ava	aliebie p	psy findings prior to n of cause
<u> </u>	9 6	Ö									10	Yes 20 No	10] Yes	2□ No
<u>ita</u>	iclen: The certificate rector, peg	Be	25. Was case referred to medical examiner?						28. Place	of Deat	h (Check only o	nne)			
5	hysic his ca	၉	1 ☐ Yes 2 No	Hospitel: 1 Inpatie		Outpatien		JA				dence 8 Oth		1)	
ion	eth. wr. After t	ation:	27. Manner of Death 1 Neturei 5 Pending 2 Accident Investigation		Year) 28t	b. Time of Injury	м	28c. Injur Wor 1 □	yat rk? Yes 2 🗆 I		28d. Describe I	now Injury occur	red		
DIVI	ital or Attanding Physician: Tirs after death. si Director: After this certificat led in by the funeral director, p	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined		ury - At home, c. (Specify)	, farm, stre	eet, factor	y, offica			28f. Location (3 City or Tox	Street and Numb vn, State)	er or Rurai	l Route	Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled In	edical	29a. Certifier (Check only one) Certifying Ph	yaiclan: To the best on niner: On the basis of and manner ste	examination	ige, death and/or inv	occurred	at the tir , in my o	me, dete and opinion, deat	d pieca, th occurr	and due to the red at the time,	cause(s) and me date end placa,	enner as ste and due to	eted. the cal	use(s)
	To the To the Complex	×	29b. Signeture end title of certifier) 04-		^	29	c. Licens	e number			29d. Date signe	A -		
Y	d		Genald 1	, stern	enn	N		Ĺ) 17	24	5	March	h 9	11	196
	8		30. Name and address of person who	•	eath (Item 23)	a) (Type, I	Print)				3/-				
			Gerald P. Ster		r'e Sianatura					Owir	igs, MD				
	Sta	te	SI. Date filed (Month, Day, Year)	1.40	ar's Signature	Roda	U.								

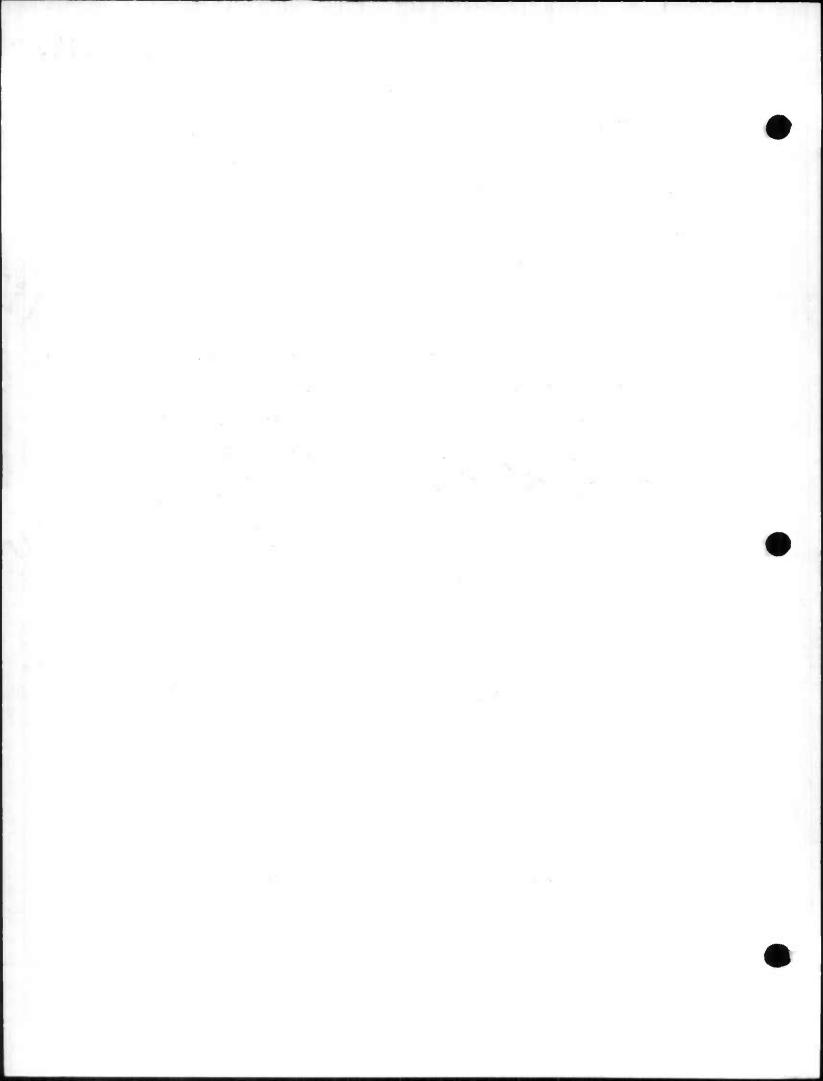
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Sic	9	4	9
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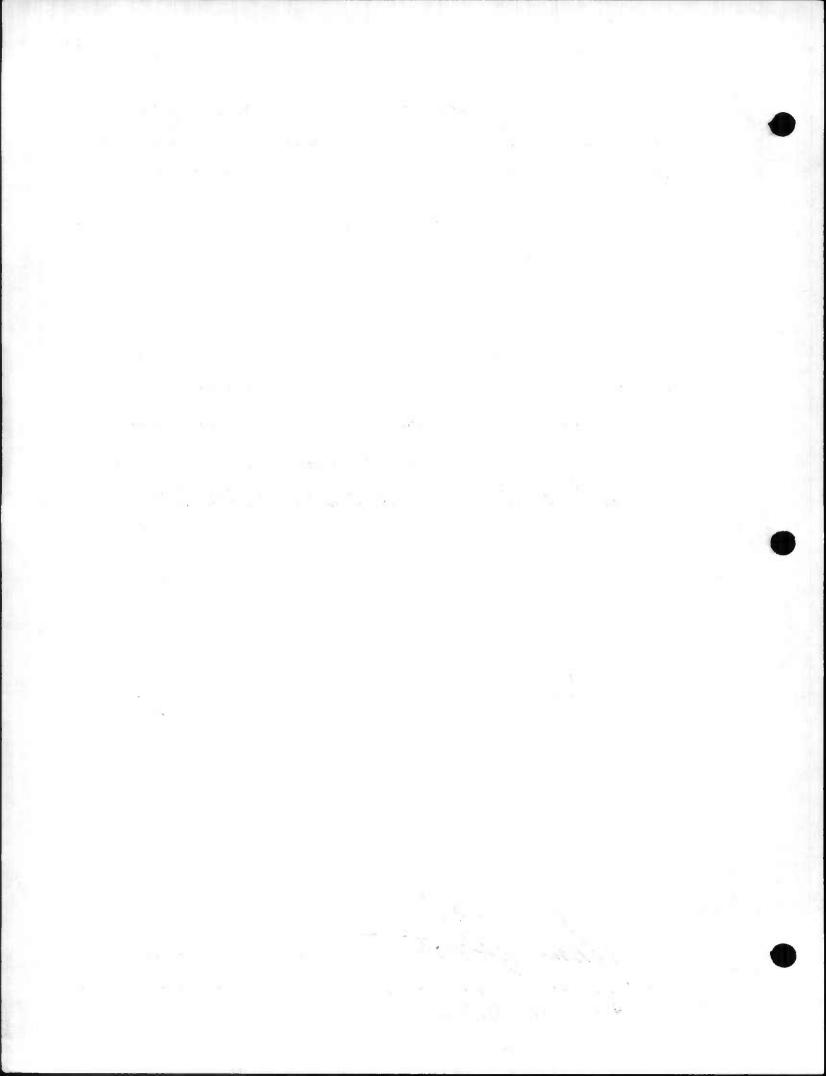
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	1 - FOR STATE OF MARYLAND / DEF CERT	PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIEN REG. NO		
\neg	1. OECEOENT'S NAME (First, Middle, Last)		2. OATE OF OEATH		3. TIME OF QEATH
	SPENCER WILLIAM MILSTE	AD		1996 YEA	" 10:35 m
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtho		7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign
	212-12-2015 ¹X [™] 2 □ F 88 YR		SEPT.24,19	907 MA	RYLAND
~	9a. FACILITY NAME (If not institution, give street and number) CHARLES COUNTY NURSING HOME	96. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY C	RLES
61	RESIDENCE OF DECEDENT	141 1141		CIRI	
<u> </u>		CITY, TOWN OR LOCATION			10d. INSIDE CITY
DIRECTOR	MARYLAND CHARLES	MARBURY	<u></u>		1 TYES 2 X NO
FUNERAL	10e. STREET AND NUMBER	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
剪	P.O. BOX 417 4800 BICKNELL RD.	20658		U.	S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO	13. WAS DECENDENT OF HISPA If you, specify Cuban, Mexic			RACE — American Indian, Black, White, atc.
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced	1 TYES 2 NO Speci			Specify:
	15. DECEDENT'S EDUCATION 16s. DECEDE	NT'S USUAL OCCUPATION	16b. KIND OF BU	PINESS (INDUST)	WHITE
E	(Specify only highest grade completed) (Give kin	d of work done during most of working OT use retired.)	IGO. KIND OF BU	SINCSS/INDUSTR	
7	Elementary/Secondary (0-12) College (1-4 or 5 +) PRODUC	TION SUPERVISOR	DEDART	MENT OF	THE NAVY
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		DEPARTI		THE NAVI
BE C	JAMES F. MILSTEAD	CORA	Carlo car cal	SPEAKE	
TO B		LING ADDRESS (Street and Number or Rural)
			Y MARYLAND		
		ATE OF DISPOSITION (Name of MEMORIAL GARDENS	1	DORF I	MARYLAND
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	ACILITY		WICH LITTLE
	13 y STMachine	Huntt Funera			
-	BENJAMIN M. MATTHEWS M-00658	P. O. Box 15			
	23. PART I. Enter the diseases, or complications that caused the deeth, ehock, or heert failure. List only one ceuse on each line.	Do not enter the mode of dying, su	ch as cerdiac or resp	Iratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	A CI			Onset and Death
	resulting in death) DUE_TO (OR AS A CONSEQUENCE	esqualay UM	lal		
	DUE 10 (ON AS A CONSEQUENC	CE OF):			
CERTIFICATION	Sequentially liet conditions, Due TO (OR AS A CONSEQUENCE	CE OFI			
F	If any, leading to immediate cause. Enter UNDERLYING	SE 013.			İ
윤	CAUSE (Disease or Injury c. Due TO (OR AS A CONSEQUENCE TO TO THE TO TO THE TO TO THE T	DE OF):			<u> </u>
E	reaulting in death) LAST				
<u> </u>	d.				
A	PART II. Other significant conditions contributing to death but not result	ing in the underlying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	I beligge alin -		1 TES	0.	COMPLETION OF CAUSE OF DEATH?
E I	Count restati			/	1 NES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES NO UNCERTA	IN 🗆		
PHYSICIAN:		DEATH (Check only one)			
Sign	t YES 2 100 HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 De	OTHER: A Paursing Home 5 Residence	6 Other (Specify)		
ξ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO			
	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, for building, atc. (Specify)	arm, street, factory, office	281. LOCATION (Street City or Yown, State		ural Route Number,
TED	4 Homicide determined		Say or 10mil, state	-	
7	29e. CERTIFIER (Check only (Ch	coursed at the time, date and place, and du	e to the cause(s) and ma	nner se stated.	
COMPLET	one) 2 MEDICAL EXAMINER: On the beele of examination and/or invest				use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MBER	29d, DATE SIG	NED (Month, Day, Year)
BE	7 Im + 12 ml		1009	1 3	-8-91_
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)		1001		- 10



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 8 1 4 6

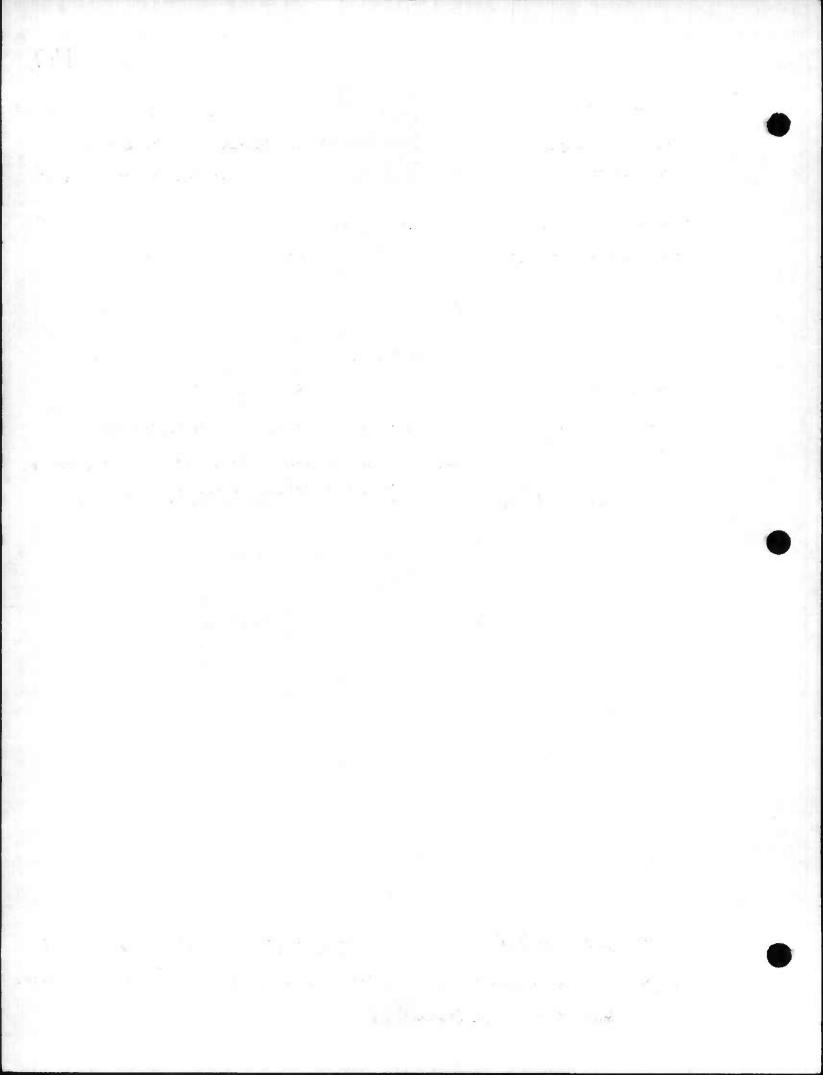
		- 10							Death		Reg. No.		
п	Physici	an	Decedent's Name (First, Middle, Las	,						2. Date of De Month	Day	Year	3. Time of Death
	/Medi		Florence K		McDor	nough				March 4	1		10:00 PM
7	Examir	ner	4e. Facility Name (If not institution, give	K - 1 - 1111)				4b. City, Town, or				
Ш	AL 101			hesda			WA: 1	4.34	Bethesda			gomery	
	Funeral Director		5. Social Security Number 6. Social Security Number 014-30-1137 Usuel Residence of Decedent	9X 7. A	90	last birthday) Yrs.	If Under Months	Days			y, Year) 5,1905	9. Birthple Counti Penn	ece (State or Foreign ry) ISylvania
	anyland ehow	_	10a. State 10b. County		10c. Cit	y, Town or Lo	cation					10	d. Inside City Limits
	Se-f	5	Maryland Montgo	mery	(Garrett	Parl	k					1 Yes 2 No
	ith th		10e. Street end Number				10f. Zip	Code			10g. Citizen of	What Counti	ry?
	ath v	a	4701 Waverly Aven						20896		US		
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any lolury or other traumatic event, the Medical Exeminar must be notified at once.	by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	?				Hispenic Origin? (Span, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	- 14. Rad Bia Specif	ce - America ck, White, e	itc.
ŏ	2 hou	8	15. Decedent's Ed			16a Deced	fent's Usua	i Occu	pation		16b. Kind of 8		
Baltimore, Maryland 21215-0020	i within 72 lene. then "ru the Medi	Be Completed	(Specify only highest grad	College (1-4or	5+)		kind of wor DO NOT us ofess		pation during most of wo ed)	orking			cation
D	H H	Ü	17. Father's Name (First, Middle, Last)			110	71000		18. Mother's Na	me (First, Middle,			Cation
lan	ld be ental ked c	ToB	Ernest Knauf						Adelai	de Geier		110	
ary	M bu	-	19a. Informant'a Name/Relationship (T	iype, Pnint)		19b. Mailin	g Address	(Street	t and Number or R	ural Route Numb	er, City or Town	State. Zip (Code)
Ξ	nd 2 lith a 27 ls		Jerome McDonough				30		Drive, W				
e,	f Heg		20e. Method of Disposition		20b. P	Place of Dispo				Dete	20c. Location		
9	Page ent o ht: If I		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			• Jose		-		3/9/96	West R	ovbury	, MΛ
Balti	Departm Departm Importar eny Inju		21. Signature of Funeral Service Licens		50	22 F1	. Name and	d Addres	ess of Fecility Collins	Funeral	Home.	Inc.	
			Jelle St	rond	4.45	50	00 Un:	iveı	rsity Blv	d.W. Sil	ver Spr	ing,	
	Physician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	ne cause on each l	o the deati ine.	n. Do not ente	er the mode	e or cryi	ing, such as cardia	c or respiretory e	rrest,		Approximate Interval Between Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	Massive	Gast	ric Bl	.eedir	ng				1.	2 Hrs.
		ايا	resulting in death)		Due to (o	r as a conseq	uence of):						
	ped lisit	F		_{b.} Gastric	Card	inoma						1	Month
90,	tificate be executed in physician and as the burial-transit	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to (o	r es a conseq	uence of):						
x 68760,	# D 00	Medical	resulting in death) East	d	Due to (or	r as a conseq	uenca of):						
Box	eath cert attendin for use	clan											
P.0.	that the dended by the a	Physician/N	Pert ii. Other significant conditions co	ntributing to death b	out not resu	ulting In the ur	nderlying ca	ause gi	ven in Pert I.		Yes 2 No		the cause of death?
Vital Records,	requires been sign should be	Completed by								24a. Was	an autopsy med?	com	re autopsy findings liable prior to apletion of cause eath?
E =	The law	S								10	res 2 No	10	Yes 2□ No
/ita	Physician: Th r this certificate and director, pag	Be	25. Was case referred to medical examiner?							ath (Check only o	nne)		
o	physic this co	2	1 ☐ Yes 2 ☒ No	Hospital: 1 ☐ Inpati	ent 2 🗆	ER/Outpatien		A		Home 5 Resid	dence 6 🗆 Ott	er (Specify))
ion	After fune	ation:	27. Manner of Death 1 ⊠Naturai 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Inju (Month, Da	iry y Year)	28b. Time of Injury	M 2	8c. Inju Wo 1 [nyat ork?]Yes 2 □ No	28d. Describe	now injury occur	red	
Division		Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of In building, et	jury - At ho c. <i>(Specif</i>)	ome, farm, stre	eet, factory	, office		28f. Location (: City or Tox	Street and Numi vn, State)	oer or Rural	Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edicai	29a. Certifier (Check only one) 1☑ Certifying Phy 2 Medical Frami	sician: To the best ner: On the basis of and manner	of my kn	on and/or inv	occurred a estigation,	at the ti	ime, date and place opinion, death occu	a, and due to the urred at the time,	cause(s) and made,	anner as sta and due to t	ited. the cause(s)
	within 2 To the comple	Σ	29b. Signature and title of certifier	///	//	1	29c	Licen	se number		29d. Date signe	d (Month, D	ay, Year)
	12	-	30. Name and address of person who o	ompletier cause of	SS leath (Itam	23a) (Type, I		0 0 4	179		March	6, 19	96
	10	ĺ	James J. Foster,					muc	Chevy	Chago N	[arv] and	208	0.5
r	Sta Registr	te	31. Date filed (Month, Day, Year)	32. Registr	ar's Signa	ture or Roda	M	-1146	- onevy	onase, I	ar Argiio		1.)



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Physicia /Medic Examin	an	 Decedent's Neme (First, Mic 						2. Dete of D	looth		3. Time of Death
S		34 Y 1 344						Month	Dey	Yeer	
Examin		M. Joseph Mil 4e. Fecility Neme (If not institut		h a al			4b. City, Town, or			.15	11:01 AM
	er			Derj							
		Holy Cross Hos 5. Sociel Security Number		Ann /In was	s. lest birthday)	If Under 1 Yeer	Silver Sp	ring	Mont	gomer	
Funeral Director		024-10-7880 Usuel Residence of Decedent	1 € M 2 □ F	85	Yrs.	Months Deys		. (Month, L			ece (Stete or Foreign try) IChusetts
hand tand		10e. Stete 10b. Cour	ty	10c. C	City, Town or Lo	cation				10	Od. Inside City Limits
h the Marylan r 28a-f ehow	Funeral Director	Maryland Mont	gomery		Silver	Spring					1□ Yes 2√2 No
\$ 0.5 E	e l	10e. Street end Number				10f. Zip Code			10g. Citizen of \	What Count	try?
23a	a	2002 Plyers Mi	11 Road				20902		U.	S.A.	
ar dea	ne	11. Meritel Stetus	12. Wes Deced Armed Ford	lent Ever in 1	U,S. 13.	Was Decedent of I	Hispenic Origin? (S an, Mexican, Puer	Specify Yes or N		e - America	
020 urs attac	by Fu	1 ☐ Never Merried 2√2 M: 3 ☐ Widowed 4 ☐ Divorce	arried 1 🖸 Yes 2	? □ No		1 ☐ Yes 2 ☑ No		to thour, oto.,	Specify		
15-00:	8	15. Deced	ent's Education	77.17	16e. Decer	ient's Usuei Occup	pation		16b. Kind of B		
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th and Mental Hyglena. It is marked other than "naturel", or items 23a or 23s-4 show traumatic event, the Medical Examinations to contract	Be Completed	(Specify only high Etementery/Secondary (0-12	college (1-4	4or 5+)	(Give	kind of work done DO NOT use retire	during most of wo	orking			
nd 212 e filed within al Hygiena. other than vent, the M	ပိ	17. Fether's Neme (First, Middl	3		Archi	tect	18 Mother's No.	ma (Eiret Midd	Constr le, Meiden Surnan		nn
Maryland 2 nd 2 should be filed lith and Mental Hygi Z7 is marked other r traumatic event, is	Be	Joseph Milar					and the second second			10)	
aryla should nd Men marke	2	19e. Informant's Neme/Reletio			40h Maille	- Address (Chross	Angeli	na De	Vita	0	0.01
Ma d 2 s h an 7 is r	- 1										^{Code)} 20902
	-	Verne C. Milar 20e. Method of Disposition	.0.	20b	Place of Disno	sition (Name of	Mill Road	Silve	r Spring 20c. Location -	, Mary	land
DO Igas	İ	1 Buriai 2 ☐ Cremetion		tete	cametery, crer	netory or other ple	1			City of To	WII, Stele
Baltimore, pemit. Pagas 1 ar Department of Haa Important: if Nem? any Injury or other		4 Donetion 5 Other		Ga			metery 3	/6/96	Silver	Sprin	g, Maryland
Balt pemit. Departr Importa any Inju		21. Signeture of Funerat Service	e Licansee			Name end Addre	ess of Fecility Collins	Funoro	1 Uomo	Tno	
20200		Advues	S Charle	en			sity Blv				901
		23a. Pert1. Enter the diseese, shock, of heart feilure. Li	or compileations that caust only one cause on ee	used the dea	eth. Do not ent	er the mode of dyl	ng, such es cardie	c or respiretory	arrest,	10	Approximete Interval Between
Physician										1	Onset and Deeth
/Medicai		Immediete Ceuse (Finet diseese or condition	/	Fnd nd	Stage	Kidn	ey d llihis	isear	2_	0	ver many ye
Examiner	.	resulting in deeth)	θ.	Due to ((or es e consec	uence of):					1
D #	<u>=</u>		_, _	Dial	etes	Mel	lipis			1	
58760, licata be axecuted physician and s the burial-transit	Examiner	Sequentielly tist conditions,	0.	Due to ((or es e conseq	uence of):	C) ^			
SO, e axe sian sian surial	9	Sequentielly tist conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury		mes	still	Notes	ent Fo	2ilane		1	
68760, rificata be axa g physician a as the burial-	edicai	thet initiated events resulting in deeth) Last	c		or es e conseq					i	
										1	
daath certif da attending of for usa a	Physician/M		d							1	
• 0 6 2	SC	Part il. Other significant condi	tions contributing to dea	th but not re	sulting in the u	nderlying cause gh	ven in Pert I.	23b. Die	d tobacco use co	ntributa to	the cause of death?
hat the da	چ							10	Yes 2/2 No	3 Prob	ably 4 Unknown
	by F										
								24a. We	s an autopsy	24b. We	re autopsy findings ilable prior to
S bee	Set					<u> </u>		per	formed?	con	npletion of cause
II Re	Completed							45	Yes A No		Yes 2 No
Vital I		25. Wes case referred to medic	at				on Diese of De				1195 21110
VI Bicie	o Be	exeminer?	Hospital: /		7500	Oti	26. Piece of De			-	
P P P P P P P P P P P P P P P P P P P	2	27. Menner of Deeth	28e. Dete of		28b. Time of	I SLI DON	4 LI INUISING F		sidence 6 Oth)
On ding	Certification:	Neturei 5 ☐ Pend		Dey Year)	Injury	28c. inju Wo	rk? Yes 2 □ No				
ISI daat daat y tha	Sa	3 Suicide 6 □ Cout	d not be	f injuny - At h	home form str	eet, factory, office		28f Location	(Street and Numb	er or Purel	Route Number
Or A Or A In b	핗	4 - Homicide deter		, etc. (Speci	ify)	bot, lactory, office			own, State)	01 710.01	riodio rambor,
pital ours oral lilled		20a Cartifiar 1 Cartif	la a Dhualalana Ta tha h			4 -4 45 - 15				Nac - Ava	
DIVISION Of VITA Within 24 hours after death. To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this cardifice compliataly lilled in by the funeral director,	edicai	29e. Certifier 1 Cartify (Check only one) 1 Medica	ing Physician: To the be it Examiner: On the bes end menne	is of exemin	etion end/or inv	estigetion, In my o	me, dete and ptece opinion, deeth occu	e, and due to the urred et the time	e ceuse(s) end ma e, dete end place,	end due to	the cause(s)
of the	29b. Signeture and title of certifier 29c. License number								29d. Dete signe	d (Month. E	Dev. Year)
F ≱ F 8		· Celialis !	Month			101.	21.91				
	-					109	17416		111000	mel	1110
1071		30. Neme end eddress of perso			m 23e) (Type,	- 99-La	- hor	The .	C.D.	o, Co	1996
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DHMH 16 Rev 6/95		MAR	06 1996 Ju	UA DILUI	- Flank	4					

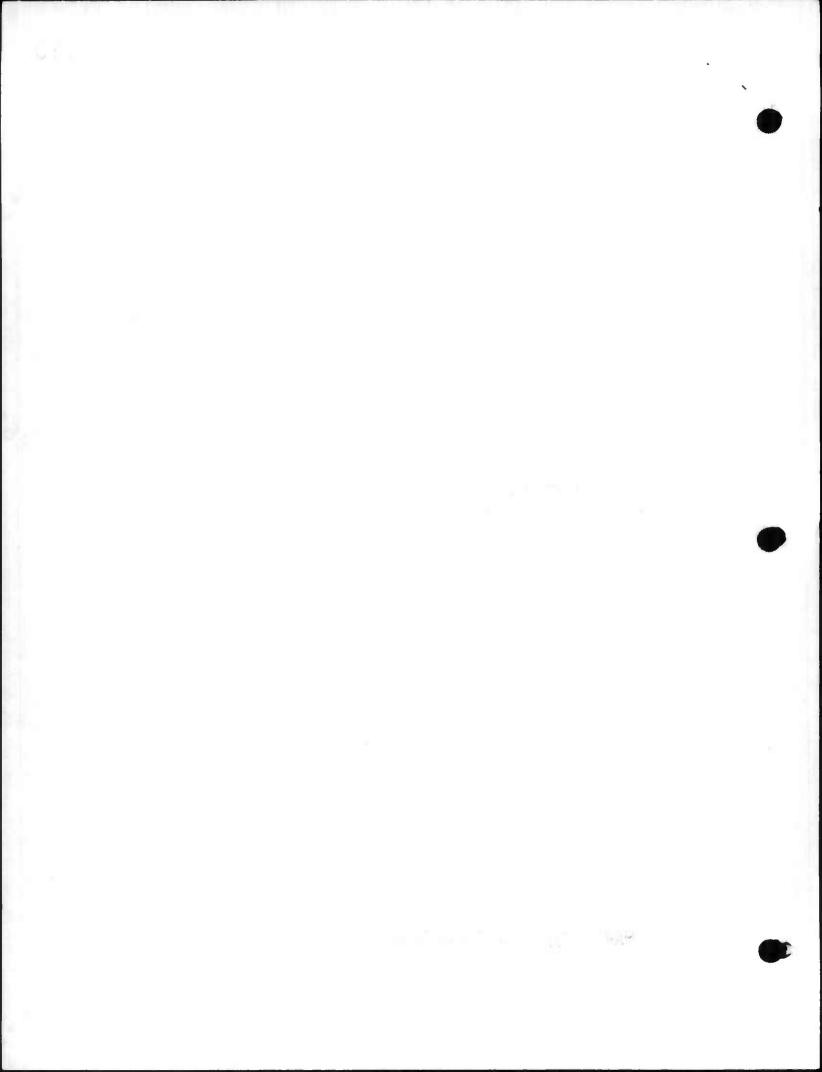
DHMH 16 Rev 6/95



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

ne naca	$\pi \perp DD$,	3/4/96,			_
FOH		STATE	OF MARY	LAND / DEPA	RTMENT

	1 - STATE REGISTRAR	SIAIE UF M		RTIF	ICATE	OF	DEAT	AND I	WENTA	REG. NO			
U.	1. DECEDENT'S NAME (First, Middle, Last,		Δ.				/		2. DATE	OF DEATH			3. TIME OF DEATH
	BETTY 1	4 NN	Mu	LL	ICA	1N				TRCH D	1	PG	10:09 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bi	irthday)	IF UNDER 1		IF UNDER		7. DATE	OF BIRTH		s. BIRTHP	LACE (State or Foreign
	217-28-8304	1 M 2 XXF	64	YRS.	MONTHS	DAYS	HOURS	MIN.		26, 1	932	Mary	land
	9s. FACILITY NAME (If not institution, give						R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
OR	10401 Grosvenor	Place #1	11		Roc	kvi	11e				Mo	ntgom	ery
	RESIDENCE OF DECEDENT	TY		ine CIT	Y, TOWN OF	B L OCAT	ION .					1	10d. INSIDE CITY
DIRECTOR	Maryland Mon	tgomery			ockvi							- 1	LIMITS?
	100. STREET AND NUMBER	egomery			- CICVI		ZIP CODE				10a CITI		1 YES 2 XXNO
FUNERAL	10401 Grosvenor	Place #1	11				2085						tates
N	11. MARITAL STATUS	7	EVER IN U.S. ARME	D	13. W	AS DEC			IC ORIGI	N? (Specify Yes			- American Indian,
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 NO		H	yes, spe	2 K NO	n, Mexica	n, Puerto	Ricen, etc.)		Black, Specify	White, etc.
G	15. DECEDENT'S ED	UCATION	16a. DECE	DENT'S	USUAL OC	CUPATIO	N .		161	b. KIND OF BUS	SINESS/IND	USTRY	
ET	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	Hito Do	kind of NOT u	work done di se retired.)	uring mo	st of workin	g	1				
AP.	-	4	4	1 A	ssist	ant				Law E	irm		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1				16. MOTH	IER'S NAI	ME (First,	Middle, Malden	Surname)		
BE (Ralph Mullican						Lo	ttie	Anr	n Mills	3		
10 E	19a. INFORMANT'S NAME (Type/Print)		19b. N	AILING	ADDRESS	(Street a	nd Number	PS BUTHLE	loute Nun	ber, City or Tow	n, State, Zip	Code)	33418
	Shirley I. Hutt	on	694	4 B	riarl	lake	Cir	cIe	K104	, Palm	n Bea	ch Ga	rdens, FL
	20s. METHOD OF DISPOSITION 1 Burial 2 N Cremation 3 Res 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND cemetery, cremetery Montgot	tory or o	of Disposi	War to	Th° 2,	199	6 DAT	20c. LO		City or Tow	n, State ryland
	21. SIGNATURE OF FUNERAG SERVICE U	CENSEE ,	Montgo	mer									ethesda-
	Michel &	2. XLED	M00	846	Che	ert	Chas	e, I Marv	nrey nc. land	7557 1 20814	Wisc Wisc	ome/B onsin	Avenue
	23. PART I. Enter the diseases, or shock, or heert fellure	complications that	caused the death	n. Do i	not enter t	he mo	de of dyl	ng, suci	as car	diec or respi	ratory arr	est,	Approximate
	IMMEDIATE CAUSE (Fine)												interval Between Onset and Death
	disease or condition resulting in death)	. GUNS	HOT	W	OUNT	5	H	EA	D				ACUTE
	National Reserved	DUE TO (OR AS A CONSEQUE	ENCE O	F):								
Z	Sequentially list conditions,	b											
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE	NCE O	F):								
CERTIFICATION	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A CONSEQUE	NCE O	FI:								
E	resulting in death) LAST	ia.			,								İ
		d											
CAL	PART ii. Other significent condition	ns contributing to d	leeth but not reed	ulting	in the und	derlying	cause g	lven in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
8										1 - YES 2	- Wo		COMPLETION OF CAUSE OF DEATH?
MED									_			1	YES 2 NO
Ž.	DID TOBACCO USE CONT	RIBUTE TO CAL				_	UNC	ERTAIN	10				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE C		OTHER:			_					
1×S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		_	4 🗆 Nursi			sidence		1.1			
ā	1 Natural 5 Pending	28a. DATE OF II (Month, Day			URY	28c. INJU	RK?	I	26d. DE	SCRIBE HOW II	NJURY OCC	CURED	100
B	2 Accident Investigation	78 BLACE DE	NJURY - At home,		J M	1		NO	H	EAD	70 0	UND	<u> </u>
E	3 Suicide 8 Could not be 4 Homicide determined	building, e	tc. (Specify) HO			ry, omca	•		City	ATION (Street a or Town, State)	ind Number	or Hural Ro	ute Number,
	29e. CERTIFIER									#10	-		
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of n IER: On the bests of axe											and manner as stated,
	29h SIGNATURE AND TITLE OF CERTIFIE		/ . ^				29c. LICE						Month, Day, Year)
BE	Home	Allun	MAS	•			Do:	10	94		►M	ARCH	1 96
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF OEATH (ITEM 2	7) (Type	Print)							4.4	, , -
	FRANCIS CN	TAYLE 1	0215 F	ERI	VWOC	de	RD	B	ET	HES.	DA	MD	20817
	MAR 04 19	36 James	S SIGNATURE	45									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

,,		
State of Maryland / Department of Health and Menta	al Hygiene 9	08149
Certificate of Death	Dec No	

				Otato of M	iaryiaria		tificate o	of Death	Monta in	Reg. No.		0147
			1. Decedent's Nama (First, Middla	, Last)					2. Data of De	eath		3. Tima of Death
E	Physici		Curtis And	rew McKav					Februa	Day	Yaar 1996	8:30 PM
Ψ	/Medic Examir		4e. Facility Nama (If not institution,)			4b. City, Town, or		-		0.30 111
	LAGIIII		Suburban Hospi	ta1				Betheso	a	Mont	gomer	17
	Funeral				ge (In yrs. le	st birthdey)	If Under 1 Ya	ar If Under 24 Hr	8. Dete of Bi			Y ace (Stata or Foreign y)
	Director		577-18-556 Usual Rasidence of Decadant	1 ∑ M 2□F	81	Yrs.	Months De	ys Hours Min	Aug. 2	ay, Year) 21, 1914	Washi	ngton, DC
	72 hours efter death with the Maryland natural, or items 23s or 28s-f show dical Examiner must be notified at	Į.	10e. Stete 10b. County			Town or Lo					100	d. Insida City Limits 1 ☐ Yes 2 ☒ No
	the A	Director	Maryland Montg	omery	Be	ethesd	1	17		10- Ohio	145-4-0-4	
	Nith No.	늄	Toe. Street and Number				10f. Zip Code	а		10g. Citizen of	What Countr	yγ
	23 23	Funeral	5311 Acacia				2081			United		
	er de	nu	11. Maritel Status	12. Wes Decedant Armed Forces?	?	. 13. V	Vas Dacedani o Yas, specify C	of Hispanic Orlgin? (uben, Maxican, Pua	Specify Yes or No rto Rican, atc.)	0- 14. Had Ble	ce - Amaricei ck, White, et	
20	or or	by F	1 Never Merriad 2 Marri	If Voc Ghia	No World	1	□Yas 2⊠N	lo Spacify:		Specif	v:	
21215-0020	"natural", or	d b	3 ☐ Widowed 4 ☐ Divorced	Taal Of Datas.	War II						Wh:	ite
5	f within 72 ho piene. r then "natur in Medical	Completed	15. Decedant' (Specify only highas	s Education ! grada completed)		16a. Deced (Giva	ant's Usuai Occ kind of work do	cupation na during most of wo ired)	orking	16b. Kind of B		
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	oe filed withli el Hygiene. I other then ivent, ine M	ပိ		4		Aviat	ion Spe	cialist		Govern		
Maryland	be filed itel Hyg od other event,	Be	17. Fether's Name (First, Middla, L	ast)				18. Mothar's Na	ma (First, Middle	a, Maidan Sumar	na)	
yla	2 should be and Mentel ie marked o	2	Andrew W. Mc	Kay				Marga	ret Cur	tis		
a	d 2 should th and Mer 7 is marks traumatic		19a. Informent's Name/Ralationsh	lp (Type, Print)		19b. Mallin	g Addrass (Stre	eet and Number or F	iural Routa Numb	ber, City or Town	, State, Zip C	Code)
	CANL		Curtis A. McKay	/ son				venue, Si		ring, Ma	rylan	d 20902
ore			20a. Mathod of Disposition 1 □ Burial 2 🌣 Crametion	O Domewal from State	20b. Ple	nce of Dispos matary, cran	sition (Nama of natory or other p	olece) March	2, Data	20c. Location	· City or Tow	m, Stata
Ĕ	Peges nent of int: If its iry or o		4 Donation 5 Othar (Sp		L			torium, I	1996	Betheso	la. Ma	rvland
Baltimore,	permit. Peges Department of important: If It any injury or once.		21. Signature of Funaral Sarvica L	icensea	2 MOO8	231 22	Name end Ade	drass of Fecility Ro	bert A.	Pumphre	v Fune	eral Home
0	Depa impo any ii		Tarbara gor	Mullanto	iwren	Av	enue, E	Chevy Cha Bethesda,	Maryland	d 20814	Wiscon -3501	nsin
			23a. Part1. Entar tha diseasa, or c shock, or heart failura. List of	complications that causa only ona causa on each i	d tha deeth. lina.	Do not ente	ar tha moda of o	dying, such as cardie	c or respiretory	errest,	= (Approximete Intarval Between
	Physician			R	,	1	0					Onset and Death
	/Medical Examiner		Immediata Causa (Finel disease or condition	1/12	mal	Fan	lun				1	month
в	LAUITHICI		rasulting in daath)	V	Due to (or	es e conseq	uance of):					
	D #	Ine									i	
	ificete be executed g physician end es the buriel-transit	Examiner	Sequentially list conditions,	6	Due to (or e	es e conseq	uance of):					
ó,	lan e	ũ	Sequentielly list conditions, if eny, leading to immediate cause. Entar Undarlying Ceuse (Disease or Injury)								
68760,	nysic he b	edical	that initiated evants rasulting in death) Last	C	Due to (or a	as a consaqu	uence of):					
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Box	eath cert ettendin I for use	ar.	`	d		_					1	
	requires that the death cer seen signed by the ettendir hould be detached for use	Physician/N	Part II. Other significant condition	s contributing to death t	but not rasult	ting in the un	deriying ceusa	givan in Part I.	23b. Did	tobacco use co	entribute to f	the cause of death?
P.0	res that the designed by the electron	λh	Co	011		0	1	_	1□	Yes 2 No	3 Probe	ably 4 Unknown
	s the	Бу F	Consur O	bolisted	fer	long	The	0			1	
Records,	aning n sig uld b		(1.0	6	64				24a. Wes	s an autopsy		e autopsy findings
8		Completed	Co racom	-ou					реп	ormed?	com	llabla prior to apletion of cause eeth?
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0			OF Miss are referred to made at							Yas 220 No	10	Yas 2□ No
Vital	Physicien: this certific ral director,	o Be	25. Was casa referred to medical axaminar?	Hospital:				Other	eath (Check only			
o	Physic this cral dir	-	1 ☐ Yas 2 ☐ No 27. Mannar of Death	28a. Data of Inju		R/Outpetient 28b. Tima of	3LI DOA	4 LI Nursing	Homa 5 ☐ Ras	how injury occur		
L C	After After funer	lo	Netural 5 Panding	(Month, Da	ay Year)	Injury		njuryat Vork? □ Yas 2 □ No	200. Dascribe	now injury occur	160	
Division	or Attending after deeth. Director: After In by the fune	Certification:	2 Accident Investig	ot be	ture AAA also				206 Leasting	(Otropat and Alice	har as Dunal	Pouts Mumber
\leq	after Direct In by	in in	4 ☐ Homicida datarmir	28a. Place of In building, at	ijury - At nom tc. <i>(Specify)</i>	na, tarm, stra	at, factory, offic	Ce		(Street and Numi own, Stata)	oer or Hurai i	Houta Number,
	To the Hospital or Attend within 24 hours after deet! To the Funeral Director: completely filled in by the		00-0-45-									
	Hosi 24 ho Fune tely f	edical	(Check only '2 Medical E	Physician: To the best xaminer: On the basis o	of examination	ledge, deeth on and/or Inv	occurred at the astigation, in m	time, date end plac y opinion, deeth occ	e, and dua to the urred at the tima	cause(s) and m , dete end plece.	and due to t	ted. tha causa(s)
	To the within 2 To the comple	Med	0.00)	and menner st	rated.							
	o d with	-	29b. Signature and title of certifiar	dil	/	1-1.n	29C. LIC	Los 16		29d. Deta signe	MONTH, D	ay, Year)
		ĺ	1 // 6	nun	- /	1.10	10	200		74	7/76	5
1	241		30. Name and address of person w	no completed causa of c	daath (Itam 3	(Type, I	Print)	0,	R ti	/	1	110
10			J 00/ Jeha/1	an 9410	01	4 65	0-7-6/11	in R1	Jel herd	140-	7081	7
	Sta	te	31. Data filed (Month, Day, Year)	32. Registr	rar's Signatu	ira.						

DHMH 16 Ray 6/95

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State of Maryland / Department of Health and Mental Hygiene 96 09150

					Cer	tificate of	Death		Reg. No.			
Physici	an	1. Decedent's Neme (First, Middle, La.				BAVA		2. Dete of De Month	eth Day	Year	3. Time of Death	
/Medi		CHRISTINA	Ann			BOYD	HUZUH	MARCH		1996	0038 A	
Examir	ner	4a. Fecility Name (If not institution, give		n-m			4b. City, Town, or Lo				2)	
		SHADY GROVE AD 5. Sociel Security Number 8, S		SPITAL	a da inda uta . al	If Under 1 Yeer	ROCKVILLE, If Under 24 Hrs.			SOME		
Funeral Director			M 2√ F	e (in yrs. las 16	Yrs.	Months Deys	Hours Min.	8. Dete of Bird (Month, Da Aug. 2	y, Year) 7, 1979		elece (State or Foreign etry) ifornia	
M to		10a. Stete 10b. County		10c. City, T	own or Loc	ation				1	0d. Inside City Limit	
THE STREET	to	Maryland Montgome	erv	Kens	singto	n					YOYes 20N	
or 28	ie	10e. Street end Number		1,0110		10f. Zip Code			10g. Citizen of V	What Cour	ntry?	
23a (aj [10225 Kensington	Parkway,	#709		2089	95		United	Stat	es	
an "natural", or items 23s or 28s-f show Medical Examiner must be motified at	by Funeral Director	11. Meritel Stetus 1 Nover Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 1 If Yes, Give			/es Decedent of F Yes, specify Cuba ☐ Yes 2 (X)No	dispente Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Rec Blee Specify	e - Americ ck, White,	etc.	
lural EEE		15. Decedent's Eq	Yeer or Detes:		ISa Doord	ent's Usuel Occup	notion		16h Viad of B		ite	
jene. r than "na r wedic	Completed	(Specify only highest gra	de completed) College (1-4or 5	5+)	(Give k life. D	and of work done ONOT use retired	during most of work d)	ing	Educati		dustry	
t t t	ပို	17. Fether's Neme (First, Middle, Last)			Studer	וד	18. Mother's Nem	e (First, Middle,				
9 9 9	To Be	Unavailable							elle Mc(V	
BEE	F	19e. Informent's Name/Reletionship	Type, Print)		19b. Meiling	Address (Street	and Number or Run			,		
- N -		Patricia M. Mala	an			ne as 10						
9 6 4		20e. Method of Disposition		20b. Plec	a of Dispos	ition (Neme of etory or other plea	20)	Dete	20c. Location -	City or To	own, Stete	
7 or #		1 N Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specifi				Memorial		-5-96	Rockvil	10 N	bactvac	
Important: If any injury or once.		21. Signeture of Funerel Service Licen		TOIK			ess of Fecility al Servic		HOCKATT	TE' 1.	larytanu	
Departme Importan any injur		1 Eleon of	1 Kar	20			al Servic venue, Si			D 000	17.0	
ysician		23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	or respiretory e	rest,	<u> </u>	Approximete Intervel Between Onset and Deeth						
Medical caminer		Immediate Ceuse (Finel disease or condition resulting In death) e. RESPIRATORY FAILURE Due to (or es e consequence of):										
# 50	ine	Sequentially list conditions, if eny, leeding to immediate cause Enter Interdering. Due to (or es e consequence of):									18 HOURS	
end I-tran	хап	Sequentially list conditions, Due to (or es e consequence of):										
g physician and as the bunal-transit	edical E	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest		ESSIVE Due to (or es			CLE ATRO	PHY		9	SINCE BIRTI	
ndin	Physician/M		d									
the	ysic	Pert II. Other significant conditions of	ontributing to death b	ut not resultir	ng In the un	derlying cause giv	ven in Pert I.	23b. Dld	obacco uss co	ntribute to	the causa of deati	
igned by be detac	by Ph							10	Yss 2□-No	3 Pro	bably 4 Unknow	
s been s 2 should	Completed						·		en eutopsy med?	av	ere eutopsy findings elleble prior to mpletion of cause deeth?	
ata he page	Son							1□`	res 20 No	10	Yes 2 No	
certificata rector, pag	Be (25. Wes case referred to medical examiner?					26. Plece of Deet	h (Check only o	ne)			
this ceral dire	으	1 ☐ Yes 2 ☑ No	Hospitel: 1 Impatie		/Outpatient		4 Li Nursing Ho		denca 8 □Oth		y)	
	Certification:	27. Menner of Deeth 1 Pending 2 Accident Pending investigation		ry y Year) 28	b. Time of Injury	28c. Injur Wor M 1	y et rk? Yes 2 ☑ No	28d. Describe I	now Injury occur	red		
od in by the	Certific	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injuding, etc		e, ferm, stre	et, fectory, office		28f. Location (: City or Tox		per or Aura	I Route Number,	
within 24 hours after death. To the Funeral Director: After completaly filled in by the fune	edicai (29a. Certifier (Check only one) 1 ☐ Certifying Phyone) 2 ☐ Medical Example 1	ysician: To the best of liner: On the basis of end menner ste	examinetion	dge, deeth end/or inve	occurred et the tirestigation, in my o	me, dete end place, plnlon, deeth occurr	end due to the red et the time,	ceuse(s) end me dete and pleca,	enner es s and due to	teted. the cause(s)	
Toth	29b. Signeture end title of certifler 29c. License number						e number	29d. Dete signed (Month, Dey, Year)			Dey, Year)	
	D10044					0.111.1	MARCH 02 1996					

DHMH 16 Rev 6/95

State

Registrar

MAR 04 1996

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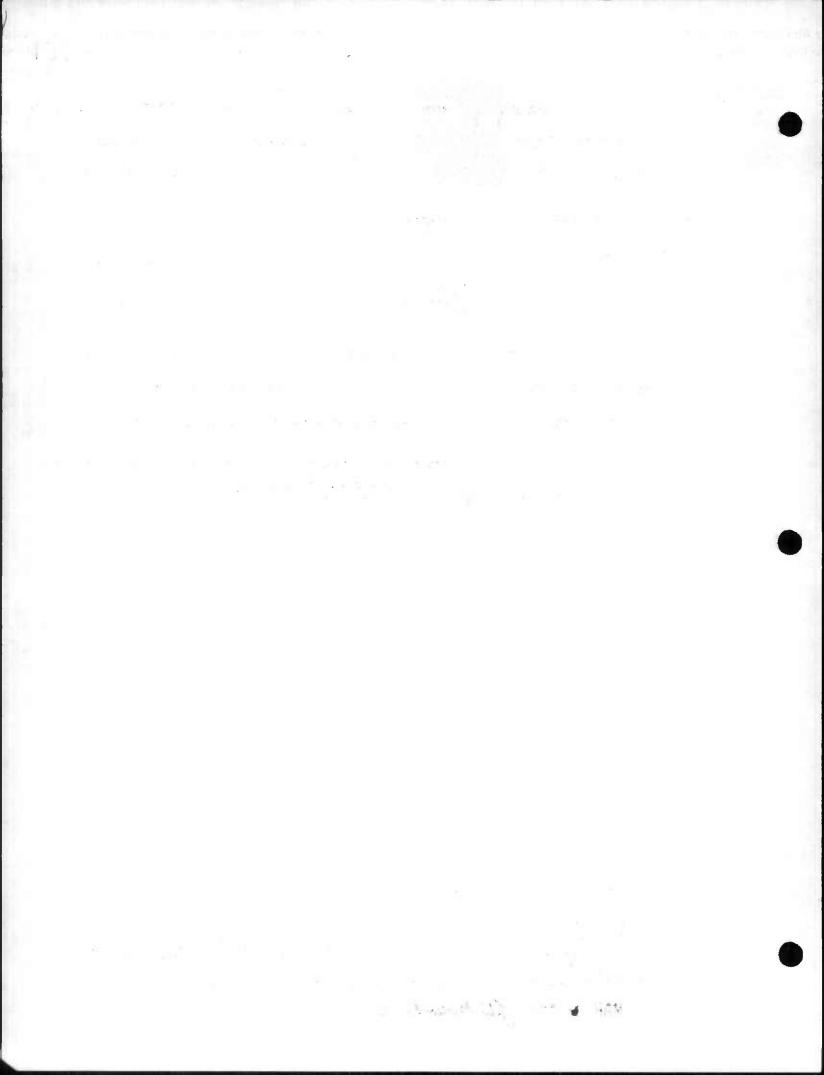
er of the Committee of

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State of Maryland / Department of Health and Mental Hygiene 96

96 08151

					Ce	ertificate of	Death	Re	g. No.		
			1. Decedent's Nama (First, Middle, L	ast)				2. Date of Death	1		Time of Death
	Physic /Medi			William	James	Morq	an	Month March 2	, 1996	Year	3:35 PM
	Examir		4a. Facility Nama (If not institution, gi			-	4b. City, Town, or Lo		4c. County		0.00 111
			6921 Anchorage	Drive			Bethesda		Mon	tgomery	/
	Funeral				e (In yrs. last birthda	y) If Under 1 Yaar	If Undar 24 Hrs.	8. Date of Birth		9 Birtholaca	(Stata or Foreign
	Director		230-48-9802 Usuat Residence of Decedent	1□ X M 2□ F	85 Yrs.	Months Days	Hours Min.	Apr. 30,	1910	New Yo	rk
	ylan		10a. State 10b. County		10c. City, Town or	Location				10d. In	side City Limits
	Mar	흱	Virginia Fairfax		Vienna					1	☐ Yes 2 No
	# # 28	ire	10e. Street and Number			10f. Zip Code		10	g. Citizen of V	What Country?	
	23a	ai	2816 Gallows Roa	d		2	22180		United	States	3
	9 = 5	Funeral Director	11. Marital Status	12. Was Decedent Armed Forcas?	Ever in U,S. 13	B. Was Decedent of H	lispanic Origin? (Spe	cify Yes or No-	14. Rac	e - American Inck, White, etc.	
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examine: must be notified at 2006.	þ	1 Naver Married 2 Married 3 Widowed 4 Divorced	1 XYas 2 ☐ I If Yes, Give Year or Dates:	11/28/47	1 ☐ Yes 2 ☐ No	Specify:	riioari, ato.,	Specify		
9	2 ho	Completed	15. Decedent's E	Education	16a. Dec	edent's Usual Occup		1	6b. Kind of Bu	siness/Industry	
21	Day.	Se le	(Specify only highest gi	College (1-4or 5	life	ve kind of work done . DO NOT use retired	d) d)	ng			
2	dien wit	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8		ychologist	;	F	rivate	Practi	.ce
D	al Hy al Hy vent	Be (17. Father's Name (First, Middle, Las	t)			18. Mother's Name	(First, Middle, M	la <i>lden Sur</i> nam	10)	
X	Ment Ment	10	Giuseppe Mitr	ano			Elisabe	tta Pe	errone		
a	2 should and Men is marke		19a. Intormant's Neme/Reletionship	(Type, Print)	19b. Ma	iting Address (Street	and Number or Rura	l Route Number,	City or Town,	Stete, Zip Code	»)
	and eelth n 27		Robert M. Morga	n		l Anchorag	ge Drive,	Bethesda	a, MD 2	0817	
Ore	of H of H of H		20a. Method of Disposition 1 ☐ Burlal 2 ☐XCremation 3 [Removel from State	20b. Place of Disposematary, cr	position (Name of rema <i>tory or other pl</i> ac	ce)	Date 2	Oc. Location -	City or Town, S	itata
Ē	Pages ment of I ant: If Ite ury or o		4 Donation 5 Other (Spec		Chesapea	ake Cremat	cory 3	3-3-96 E	Beltsvi	lle, Ma	ryland
Baltimore,	permit. Departrimports any inju		21. Signature of Funeral Service Lice	onsee O		22. Nama and Addre Rapp Funei	ess of Facility Cal Service			D 0003.0	
			23a. Part1. Entar tha disease, or cor shock, or heert tailure. List only	nnlications that pause		933 Gist A				7-) roximate
	Physician /Medical Examiner	e.	Immediate Cause (Final disease or condition resulting in deeth)	。 Congest	ive Heart Due to (or as a cons				-	l i	et and Death
68760,	The law requires that the death certificate be executed ste has been signed by the attending physician and page 2 should be deteched for use as the bunial-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c	Due to (or es e cons						
×	h certificat ending phy r use es th	2	resulting in death) Last	d	Due to (or as a conse	equerica ot).					
о С	deat ed fo	sici	Part II. Other significant conditions	contributing to death be	ut not resulting in the	underlying cause giv	ven in Part i.	23b. Did tob	acco usa co	ntribute to the	cause of death?
, r.	thet the death ned by the atter	by Physician/		#1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to				1 □ Ye	s 2 No	3 Probably	Unknown
Records,	e law requires t has been signo	Completed b						24a. Was an perform		available	utopsy tindings e prior to ion of cause i?
		S						1 ☐ Ye	s 2 💢 No	1 ☐ Yes	2 XNo
VII	certificate ha	Be	25. Was case reterred to medicat exeminer?				26. Plece of Death	(Check only one)		
	Physician: r this certific ral director,	P	1 ☐ Yes 2XXNo	Hospitel: 1 Inpatie		ent 3L DOX		ne 5 🗆 Resider		er (Specify)	Son's Home
DIVISION OF	After fune	ation:	27. Menner of Death 1 X Neturel 5 ☐ Pending 2 ☐ Accident investigation		y Year) 28b. Time Injury	Wor	y et rk? Yes 2 □ No	28d. Describe ho	w Injury occur	red	
Š	Ital or Attendent is after death al Director: led in by the	Certification:	3 ☐ Suicide 6 ☐ Could not lead to determined	building, etc				28f. Location (Str. City or Town,	State)		te Number,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical	29a. Certifier (Check only one) XXCertifying Pi 2 Madicat Exa	hystclan: To the best of mtnar: On the basis of and manner sta	examinetion and/or i	ath occurred at the tir investigation, in my o	me, dete and place, a pinion, death occurre	and due to the ca ed at the time, da	use(s) and me te and place,	enner es steted. and due to tha	cause(s)
	withi To the	M	29b. Signature and titla of cartifier			29c. Licans	a number	29	d. Data signe	d (Month, Day,	Year)
			PAY NA			1170	0571	MD	March	3, 199	6
•	12		30. Name and address of person who Irving Mizus, M			Avenue, #	4310 Ret	hesda, M			U
ľ	Sta	te	31. Date filed (Month Ray Year)		or Signature		010, 000	nesua, l	וט 200	7.4	



TO THE HOSPITAL OR A TO THE FUNERAL DIRECTOR FIELD WITHIN 72 hours IMPORTANT; If Item

	ages 1, 2, 3 should	
ming priyaciai.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should use after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
ווספלטוש מו שווכ	ached for use	ce.
נפושוופה חל חופ	5 should be det	notified at on
מחב ה ווופו חב	director, page	er must be
and dettel needly.	in by the funeral removal.	edical examir
on the mindle of	ompietely filled I, cremation, or	event, the m
INGRE DE EVECUI	physician and c	er traumatic
ALIENDING FILISIONN, THE IGW requires that the update becomes be executed within 24 hours after togeth. Tage of the property of all	by the attending	injury, or oth
ומא ובחחובים חופ	ept. of Health a	23 shows amy
DISTORAN, INC	his certificate ha	ced, or item
A ALIENDING P	RECTOR: After the stress of th	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	- 3	(III)

1 - STA		STATE OF MARY	LAND / DEPART			MENTAL	HYGIEN	E				
1. DECED	ENT'S NAME (First, Middle, Last)	NNORE FAYE	MIRMAN			2. DATE (ARCH 2	1996	3. TIME OF DEATN 12:30 P			
577	-46-9964	1 □ M 2 X F	61 YRS.	F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month, FEB.		935 E	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA			
	ITY NAME (If not institution, give at 2020 CATEWATE				R LOCATION OF DE	EATN		9c. COUNTY MON	OF DEATH NTGOMERY			
10a. STAT		TGCMERY		TOWN DR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
10e. STRE	ET AND NUMBER 2020 GATEWATE	R DRIVE	'	101	20854			N OF WHAT COUNTRY?				
	AL STATUS or Married 2 Married owed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR DE	S 2 XNO	IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OF HISPANIC ORIGINAL STREET OR ST					Black, White, etc. Specify: WHITE			
Eleme	15. DECEDENT'S EDU (Specify only highest grade entary/Secondary (0-12) 12	CATION completed) College (1-4 or 8+)	(Give kind of wo life. Do NOT use	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working te. Do NOT use retired.) HOMEMAKER				WN HOM				
17. FATHE	AM PERCHICK				16. MOTNER'S NA ANN S		fiddle, Malden	Surname)				
2 A	RMANT'S NAME (Type/Print) LBERT MIRMAN	(HUSBAND)			nd Number or Rural i				VLAND 20854			
1 A Burl	20e, METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removel from State 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 20c. LOCATION — City or Town, 5 Other place) FALLS CHURCH.											
21. SIGNA	ATURE OF FUNERAL SERVICE LIC	CENSEE .	un	DANZA	NSKY-GOL	DBERG			CHAPELS, INC. E,MD. 20852			
disease reaulting	23. PART I. Enter the diseases, Dr Complications that caused the death. Do not anter the mode of dying, such se cardisc or respiratory arrest, ahock, or heart feliure. List only ons cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CAUSE that init resultin	(Disease or Injury tieted events g in deeth) LAST	eDUE TO (DR A	S A CONSEQUENCE OF)									
	Other significent condition	ns contributing to deat	n but not resulting in	tha underlying	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b, WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS C	CASE REFERRED TO MEDICAL	HOSPITAL:		OTHER:	ACE OF DEATH (Ch							
		28a. DATE OF INJUI (Month, Day, Yea	Y 28b. TIME	OF 28c, INJ	RK?			NJURY OCCU	RED			
	Accident Investigation Buicide 8 Could not be determined	28a. PLACE OF INJU- building, etc. (S	JRY — At home, farm, at specify)			281. LOCA	ATION (Street or Town, State)	and Number or	Rural Route Number,			
	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.											
296. SIGN	NATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NUMBER DC - 4360			29d. DATE SIGNED (Month, Day, Year) 3/3/96					
30. NAME	AND ADDRESS OF PERSON WI	1160 VARN	UM ST., N		ASH, D.C	2 20	2017					
31. DATE	MAR 04 199	6 32. REGISTRAS'S S	GNATURE ROLL									

1 1132

MAR 14 1995 (C. F. E. C.)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

08153

	SALES.		Decedant's Nama (First, Middla, Li	ast)		00/1	tificate	JI L	Journ	2. Data of Dea	Reg. No.		3. Time of Death
Physic				GEORGE	Mo	KTNINO	M			Month MARCH	Day	Yaar 1996	11:30P
ì.	/Medi Exami		di to Forlitte Name (Marchinelle and and and and and and and and and and										II: SOPI
	LXaiiiii	IÇI	9564 DONNAN C.						LAURE	Γ.	HOW	IARD	
Н	Funeral	Г			ga (in yrs. le	st birthday)	If Undar 1		If Undar 24 Hrs.	8. Data of Birti (Month, Day	-	9. Birthpl	ace (Stata or Foraign
	Director		1456-61-0672 Usual Rasidance of Dacedant	1 ∑ M 2□F	29	Yrs.	Months D	ays	Hours Min.	MARCH MARCH	5,1967	Count	ÆGON
	show	J.	10a. Stata 10b. County		10c. City	, Town or Loc						10	Od. Insida City Limits 1 ☐ Yas 2 ☑ No
	the N	Director	MD. HOWAR)		LA	UREL 101. Zip Co	ode.		1	10g. Citizan of	Affron Court	
	A P P			CASTLE CT.			101. 210 00		702				191
	Jeath 2	Funerai	11. Marital Status	12. Was Decedant	Evar in U.S	6. 13. W	as Decedan		723 spanic Origin? (Si	pecify Yas or No-		S.A.	en Indian,
020	ges 1 and 2 should be filed within 72 hours efter death with the Meryland it of Health and Mertel Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Mexical Exeminar must be notified at	by Fur	1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Forcas? 1 X Yas 2 ☐ If Yas, Giva Yaar or Datas:	No		Yas, specify □ Yas 2∑		spanic Origin? (Si n, Maxican, Puart Specify:	o Rican, atc.)	Specif.	ck, Whita, a	
ŏ	2 hou		15. Decedant's E	ducetion		16a. Deceda	ant's Usual C	Ссира	ation		16b. Kind of B		
21215-0020	within 7. lene. than "n	Completed	(Specify only highast gr Elamentary/Secondary (0-12)	ada com <i>plated)</i> Collega (1-4or	5+)	lifa. D	ind of work of O NOT usa r SEAMAN	etired	furing most of wor.)	king	II.	S. NA	VY
	be liled tel Hygie d other event, II	Be C	17. Fathar's Nama (First, Middla, Las	")				T	18. Mothar's Nan	na (First, Middla,		-	
Maryland	should be and Mentel marked or umatic eve	ToB	ROBERT	McKINN	ON					KAREN	WEI	TZEL	
any	end N end N is ma		19a. Informant's Name/Ralationship	(Type, Print)		19b. Mailing	Address (S	treet a	and Number or Ru	ral Routa Numbe	er, City or Town	Stata, Zip	Coda)
	1 and 2 Health e em 27 is		DEANNA L. M	KINNON		SAM	E AS	I	TEM #10				
altimore,	permit. Peges 1 and Department of Health Important: If item 27 any injury or other tr once.		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Speci		Ce	ace of Dispos matary, cram. I.TNCTO	atory or otha	r plac	AL CEM.	Data 3/21	20c. Location	City or Tov	
alti	pemit. Peg Department Important: It any Injury o		21. Signatura of Funaral Sarvice Lips		1		Nama and A			2/ 21	Atti	MOTON	9 V #1.0
m	827 2 2		M.M. Cho	merens	MOO	091 W	. W. C	HA	MBERS CO	. RIVER	DALE, N	D. 20	737
	/Medical Examiner	ıminer	Immediata Causa (Finat disaasa or condition rasulting In daath)	b		as a consequ	ance of):	00	rtoma				1 year
60,	tificate be executed ig physician end es the buriel-transit	edical Examiner											
Box 68760,	eeth certificete attending phys for use es the												
	deeth e atte	icia	Part II. Other significant conditions	contributing to death b	out not rasul	Iting In the und	darlying ceus	a niva	an in Part I	23b. Did t	obacco use co	entribute to	the cause of death?
P.O.	that the deeth	/ Physician/M		on the daily to doubt o	701 1101 14361	ing in the die	dunying oods	an Sire	arriner care i.		res 2⊠No		ably 4 Unknown
Records,	aw requires that the deeth cer is been signed by the attendir 2 should be deteched for use	Completed by								24a. Was perfo	an autopsy med?	con	ra autopsy findings illabla prior to inpletion of causa daath?
Œ	The law ate has b page 2 s	E O								101	as 2 No	1□	Yas 2□ No
Viital	ysician: The	Be	25. Was cesa rafarrad to medical axaminar?						26. Placa of Das	th (Check only o	na)		
	0 00	မ	1 ☐ Yas 2 🔀 No	Hospital: 1 Inpatia	ant 2 E	R/Outpatient	3□ DOA	Otha	ar: 4□ Nursing H	oma 5 🗷 Rasid	lance 6 DOth	nar (Specity)
Division of	Attending Physician: or death. ector: After this certific by the funeral director,	ation:	27. Mannar of Death 1.⊠Natural 5 □ Panding 2 □ Accidant invastigatio	28a. Data of Inju (Month, Da	y Year)	28b. Tima of Injury	28c.	8c. Injury at Work? 1 Yas 2 No		rad			
Divis	i Ci aft	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida datarmined		ury - At hor c. (Spacify)	na, farm, stra	at, factory, o	ffice		28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)			
	To the Hospital or within 24 hours after To the Funeral Direction completely filled in I	edical	29a. Cartifiar 1. Cartifying Pl (Check only 2 Medical Example) Medical Example 1. Medica	nysicfan: To tha best niner: On tha basis o and mannar st	f axamination	ladga, daath on and/or inva	occurred at tastigation, in	ha tim my op	a, data and place pinion, daath occu	, and dua to tha or rred at tha tima, o	causa(s) and madata and place,	annar as sto and dua to	ated. tha cause(s)
	To the To the comp	ž	29b. Signatura and title obcertifica	1			29c. Li	icansa	number		29d. Data signe	d (Month, L	Day, Year)
			1/1/208	4			MY	15	76-919		March	13,1	1996
i			30. Nama and addrass of parson who	complated ceusa of d	laath (Itam	23a) (Type, P			(
1			NOAH BERKO	WITZ M.	D.	890	l WIS	CO	NSIN AT	7E., BE	THESDA	, MD).
	Sta Registr		31. Data fited (Month, Day, Vaar)	32. Radistr	ar Signal	adali							

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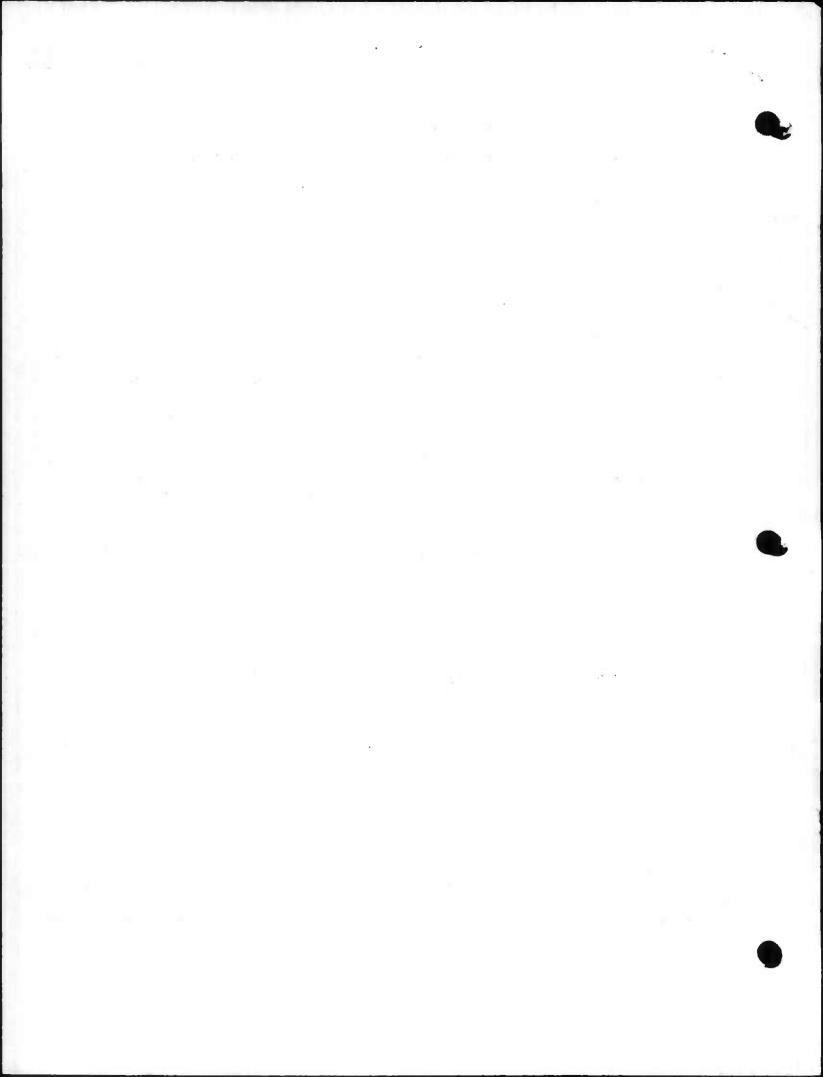
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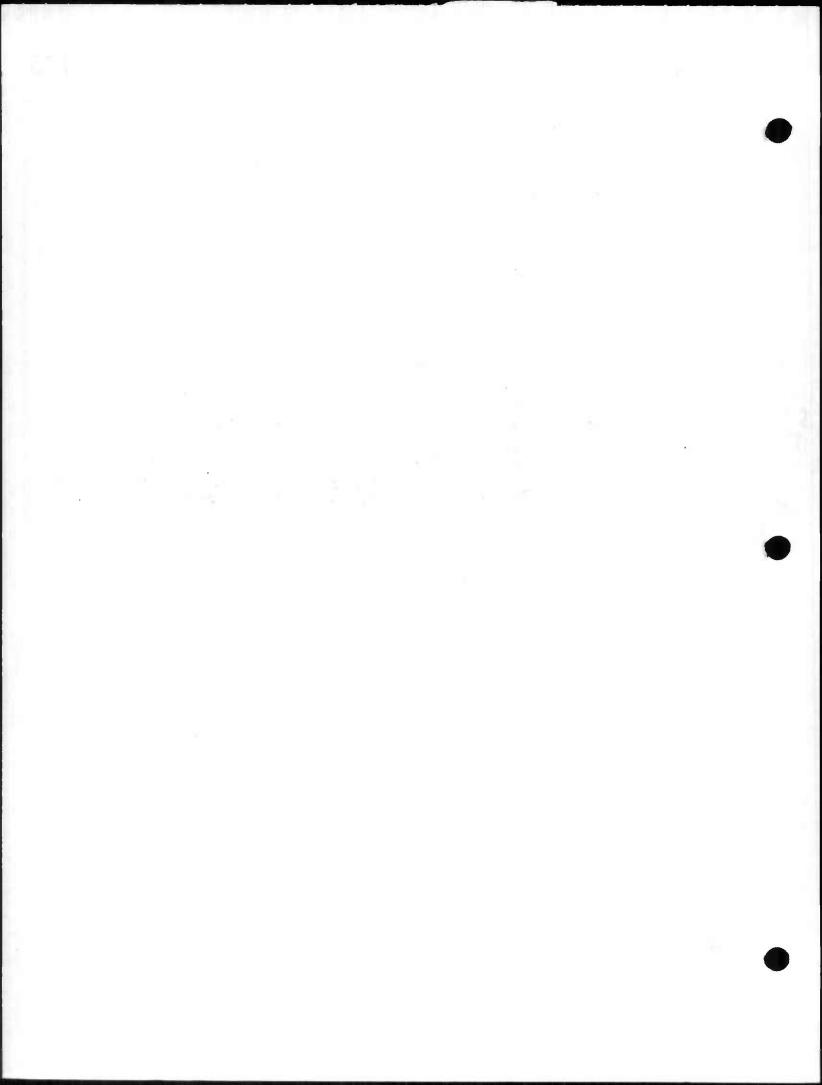
. RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or o

	1 - FOR STATE OF MARYLANI	D / DEPARTI			ENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DA		3. TIME OF DEATH 3:36A M			
	MARY JONES MCKISSI 4. SOCIAL SECURITY NUMBER $182-09-1752$ $1 \square M 2 \square F$ 95	s. lest birthday)	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 2-13-01	8. BHPT Cour	B. BIRTHPLACE (State or Foreign Country) Maryland			
TOR	9s. FACILITY NAME (If not institution, give street and number) Snow Hill Nursing HOme RESIDENCE OF DECEDENT	9		R LOCATION OF DEAT	ÎN.	9c. COUNTY OF DEATH Worcester				
DIRECTOR	100. STATE 10b. COUNTY Md. Worcester	10c. CITY,	Stoc				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10. STREET AND NUMBER 5743 George Island Landi	ng R.	101	ZIP CODE 21864		U.S.A.	WHAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ENDENT OF HISPANIC polity Cuban, Mexican, 2 MO Specify:	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of wor life. Do NOT use i	k done during mo etired.)	DN st of working	16b. KIND OF BUS	COSE USB	esale Co.			
BE COM	17. FATNER'S NAME (First, Middle, Last) Cassius C. Jones	DOORRE	eper	18. MOTNER'S NAME Mary E	(First, Middle, Maiden	Sumame)	ard Jones			
10	19a. INFORMANT'S NAME (Type/Print) Vernon Barnes	196. MAILING AI 5743	George	nd Number or Aural Acc E Isl. L	anding F	Rd., State, Zip Code)	ockton,Md.			
209. METNOD OF DISPOSITION Marie 2 Cremetion 3 Removal from State										
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the shock, or heart feiture. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	INE. SEQUENCE OF):		de of dyling, auch i	na cardiac Dr respl		Approximata interval Between Onset and Death			
A	thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. COPD CHF SENILE DEMENTIA 1 YES 2 NO OF									
PHYSICIAN: MEDIC					_ 1	DRINO	OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 214 NO	R 3 DOA 4	THER:	ACE OF DEATH (Check						
B	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME I	3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28b. TIME DF NUTRY AT WORK? M 1 YES 2 NO NORCE THE NOW INJURY OCCURED							
COMPLETED	3 Suicide 4 Nomicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 5 Suicide 6 City or Town, State) 28b. CERTIFIER 7 Check only 28c. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
- 11	(Check only one) 2 MEDICAL EXAMINER: On the beels of examination and company to the company to the beels of examination and c	d due to the couse								
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pr	int)	29c. LICENSE NUMBI	241	DATE STONE	D (Month, Day, Year)			
9	31. DATE FILED (MONTH), Day, Year) FEB 2 9 1996 June Sauden Ran	RE	3 Ju	W 500	Salow 1	tice N.	18.2/863			
_	N - 1000 July Compatible NAM	all				-	DHMH-18 Rev 1/89			



THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mertial Hypiene prior to burial, cremation, or removal.	ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN	IMPORTAN

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
- 1	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		AR 3	. TIME OF OEATH
	Mary Maxine Mills			February						5:45 P M	
Į.	4. SOCIAL SECURITY NUMBER		In yrs. lest b	oirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH	8.1		ACE (State or Foreign
	579-22-3110	1 □ M 2 🖾 F 77		YRS.		32	Jun	e 14, 1	.918 W	lest	Virginia
~	9a. FACILITY NAME (If not institution, give str	100000000000000000000000000000000000000				OR LOCATION OF DI	EATH		9c. COUNTY	OF DEA	тн
5	25 N. Pennsylvania	a Ave., Apt	117		Grants	ville			Garre	tt	
EC	10a. STATE 10b. COUNTY		T	10c. CITY	, TOWN OR LOCA	TION				10	Dd. INSIDE CITY
DIRECTOR	Maryland Garre	tt		Gra	ntsvill	е				1	LIMITS? YES 2 NO
	10e. STREET AND NUMBER					r. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	25 N. Pennsylvania	a Ave., Apt	117			21536			USA	7	
J.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? t YES	N U.S. ARME	ED		CENDENT OF HISPAI			or No- 14.		- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA				S 2 X NO Specif				Specify:	h i h a
	15. OECEOENT'S EDUC				USUAL OCCUPAT		T	6b. KIND OF BUS	INESS/INDUST	-	hite
	(Specify only highest grade of Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(Give life, D	kind of w NOT us	rork done during m e retired.)	ost of working					
APL	10		Mana	ager				Conveni	ence S	tor	e
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
BE (McCullough L. Sti	eringer				Lena Rad	chae	l Leath	erman		
0	19a. INFORMANT'S NAME (Type/Print)		1			and Number or Rural					
-	Diane L. Lutes					urel, Car					
	1X Burial 2 Cremation 3 Ramo	val from State can	netery, crema	Btory or of	her place)	ry, Mar 4	1 7	20c. LO	CATION — City		ı, Stata
	21. SIGNATURE OF PUBLISHED SERVICE LICE		IIIL r	1111	22. NAME	ND ADDRESS OF FA	CILITY		enna,		
	Mar. M	umai				n Funeral					
\dashv	23. PART I, Enter the diseases, or o	amplications that course	d the deep	h Do		iller St.					21536
	shock, or heart failure. L	let only one ceuse on e	ech line.	in. Do n	or enter the m	ode of dying, aud	n ee c	erdiac or reapi	ratory arreal	•	Approximata Interval Batween Onset and Death
	disease or condition Mycogordial Information										
	a. Myocardial Infarction Due TO (OR AS A CONSEQUENCE OF):										sudden
z											
10	Sequentielly liet conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or injury	no									
F	that initiated evente resulting in death) LAST	DUE TO (OR AS A	A CONSEOU	IENCE OF	7):						
CERTIFICATION											-
AL.	PART II. Other eignificant conditions	contributing to deeth b	out not re	eulting i	n the underlyl	ng ceuse given in	Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
								1 TYES 2		C	COMPLETION OF CAUSE OF DEATH?
MEDIC											YES 2 NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE C					N 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	OTHER:)					
IYS	1 X YES 2 NO 27, MANNER OF DEATH	1 Inpatient 2 ER/Out		DOA 28b. TIM	4 - Nursing Ho	me 5 Residence					
	1 X Natural 5 Pending	(Month, Day, Year)	-		URY V	JURY AT ORK? YES 2 NO	280. 1	DESCRIBE HOW I	NJURY OCCUR	ED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	Y — At hom	e, ferm, s			281. L	OCATION (Street I	and Number or i	Rural Roc	ute Number.
E	4 Homicide 8 Could not be	building, atc. (Spec	icify)				0	ity or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	viedce, dest	h occum	ed at the time da	a and place, and du	a to the	causa(a) and mar	oner on stated		
ME	end .	R: On the beels of exemination									and manner as statud.
	295 FIGNATURE AND STILE OF CENTRES	21. 1.	/	77		29c. LICENSE NU	MBER	1/2	29d. DATE S	GNED (A	Nonth, Day, Year)
BE	Herbert No seng Ston M. D. D-05658 > Feb. 29,									9, 1996	
임	30 AAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	MATH (ITEM	27) (Type	, Print)	akland !	MD	21550			
	Herbert H. Leight			vak	St., 0	artaila, l	יעני	21330			
4	MAR 6 1996	32 REGISTRAR'S, SIGN	NATURE NATURE	4							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 34-96-WCHO Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Leiter Morningstar. **Physician** Warch 0645 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington If Undar 1 Yaer Months Days 5. Sociei Security Number if Under 24 Hrs. Hours Min. 6. Sex 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day Year) Birthplace (State or Foreign Country) **Funeral** 1∭ M 2□ F 76 174-01-3904 Yrs. **Director** July 1 1919 Maryland Usual Residance of Decedant permit. Peges 1 end 2 should be filed within 72 hours after death with the Marylend Department of Heelth end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumstic event, the Medical Examiner must be notified at once. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Yes 2 No Director Maryland Washington Hagerstown 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 304 S. Cleveland Avenue 21740 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☑Yes 2 ☐ No If Yas, Giva Yaar or Datas: 1941—45 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 11. Meritel Stetus 14. Race - Amarican Indian, Bleck. Whita, etc. 1 ☐ Navar Marriad 2 X Merried Baltimore, Maryland 21215-0020 1 Yas 2 No þ Specify 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9 Lineman City of Hagerstown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Be William Robert Morningstar Mary McCardell P 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mary C. Morningstar 304 S. Cleveland Avenue Hagerstown, Md. 21740 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 XBuriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Leitersburg Cemetery 3-4-96 Leitersburg, Maryland 21. Signature of Funarai Service Licensaa 22. Nama end Addrass of Fecility Minnich Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. 21740 Approximate Interval Between Onsat and Daeth **Physician** /Medical Immediata Ceuse (Final disaase or condition rasulting in death) Respiratory **Examiner** Physician/Medical Examiner Ysema g physician and as the buriel-transit The law requires that the death certificate be executed Sequantielly list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last Due to (or as a consequence of): Box 68760. Due to (or es e consequance of): USe Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown cardiovas en lar disease þ Division of Vital Records, 24b. Wera autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy Completed 1 Yas 1 ☐ Yas 2 ☐ No or Attanding Physician: funeral director, 25. Wes casa rafarrad to medical axaminer? Be 26. Place of Deeth (Check only one) Hospitel: Othar: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) Certification: To 1 ☐ Yas 🛂 No 1 Inpatiant 2 ER/Outpatient 3 DOA After this 27. Mennar of Daath Date of Injury (Month, Day 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation Naturai 24 hours efter death. Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) filled In by 4 Homicida Hospital 29a. Certifier Medicai 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, date and place, end dua to the ceusa(s) and mannar as stated. (Check only one) 2 Madical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. within 2 ş 29b. Signature and title of certif 29c. Licansa number 29d. Data signed (Month, Day, Year) ewwant Ph.D.M.D. march 1996 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Howell Rd. HAG. MD. 21746 GEORGE NEWMAN MD 1799 MAR - 4 1996 32. Registrar's Signatura State 4 1996 Registrar

DHMH 16 Ray 6/95

see and the amend # 1 Wash. Co. 78 3-4-96

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State of Maryland / Department of Health and Mental Hygiene 96 08 157

			State of Maryla		Certificate of		, ,	ierie 5 ()	U	0131
	- Dhunial		1. Decedent's Nema (First, Middle, Last)				2. Data of Death	h	Year	3. Time of Deeth
	Physici /Medio		-MARY ELIZABETH MARSHALL				February		996	D1:40A.
	Examir	er	4e. Facility Neme (If not institution, give street and number)		3.4	4b. City, Town, or		4c. County of		
_	- -	H	Washington County Hospital 5. Sociel Security Number 6. Sex 7. Age (In yr	rs lest hirtl	nday) If Under 1 Year	Hagers If Under 24 Hrs		Washir		Ce (Stete or Foreign
	Funeral Director		212-14-7096 1 M 2 K F 82		rs. Months Deys	Hours Min.	Feb. 3,	1914	Countr	sylvania
	rland now			City, Town	or Location				100	d. Inside City Limits
	a-f st	ctor	Maryland Washington	Hag	erstown					1 Yes 2 No
	or 28	Director	10e. Street end Number		10f. Zip Code		10	g. Citizen of Wi	nat Countr	y?
	ath w		1125 Oak Hill Avenue		217			U.S.		
21215-0020	be filed within 72 hours efter death with the Manyland itel Hygiene. Id other than "naturel", or items 23a or 28a-f show event, the Medical Examiner must be recribed at	by Funeral	11. Maritei Stetus 1 Navar Married 2 Married 3 Widowed 4 Divorced 12. Wes Decedant Ever In Armed Forces? 1 Yes, Give Yeer or Detes:	U,S.	13. Wes Decedant of H If Yes, specify Cube 1 ☐ Yes 2 [X] No	lispanic Origin? (S en, Maxican, Puarl Specify:	pecify Yes or No- to Rican, etc.)	Black	- America , White, at White	c.
2-0	72 ho natur	Completed	15. Decedent's Education (Specify only highest grede completed)	18e. [Decedent's Usual Occup	ation	deina	16b. Kind of Bus	iness/Indu	stry
121	vithin ne. han "	mple	Elementery/Secondery (0-12) College (1-4or 5+)	- '	Give kind of work done life. DO NOT use retired					
	filed within Hygiene. ther than "		17. Fathar's Nema (First, Middle, Last)		Homemaker		ne (First, Middle, M	Personal		idence
Maryland	should be nd Mentel marked or	To Be	Albert M. Marshall				E. Hagert		/	
ary	S D E E	⊢	19a. Informent's Neme/Raiationship (Type, Print)	19b.	Mailing Addrass (Street			-	itate, Zip C	Code)
	DEPE		Harry B. Marshall/Brother		Calvert Te		agerstown	n, Maryl	and	21742
ore	yes 1 of He or oth		20a. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ Remove from State	. Plece of I cametery	Disposition (Neme of cremetory or other place	ce)	Date 2	20c. Location - C	ity or Tow	n, Stete
altimore,	tment tant:		4 □ Donetion 5 □ Other (Specify)	est H	aven Cemete		28, 1996	Hagerst	own,	Maryland
Ba	permit. Peges 1 an Department of Heal Important: If Item 2 any Injury or other once.		21. Signeture of Funerai Service Licensee		22. Neme end Addre Douglas A.	•	uneral Ho			rn Blvd. N
	Physician		23a. Part I. Entar the disease or complications thet caused the dance, or heart force. List only one ceuse on each line.	ath. Do no	ot enter the moda of dyin	ng, such as cardiad	or respiretory erre	est,	1	Approximata ntervei Between Onsat and Deeth
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	ie St	lock				0	ne week
		Jer	Prey		onsequence of):				7	in weater
	icate be executed physicien and s the burial-transit	Examiner	0	(or es e co	onsequenca of):				1/4	NO WELL
90,	oe exe	EX	If eny, leeding to immediate cause. Entar Undarlying Causa (Disease or injury	e	Effersion				The	o weeks
68760,	ficate be executed physicien and sthe burial-transi	edical	thet Initieted avants	101 95 9 00	needuence of		4			
Box	No. of	√Me	d Inhac	Ilido	must he	usshag			10	vo weeks.
	that the death cert ed by the ettendin deteched for use	Physician/M	Pert II. Other significant conditions contributing to deeth but not re	asultino in	the underlying cause giv	en in Part I	23h Did tol	hacco use cont	ribute to t	he cause of death?
о. О	by the	hys	Multi stage For	× 1/11	A P	on mranti.			3 Probe	
	es tha igned be det	by	18) with organ pa	uw				Т.		
Records,	requir been s should	Completed	Cardiopulmonary	Fai	line		24e. Wes er perform		com	e eutopsy findings able prior to plation of causa seth?
			Connedur Tex	icity	<u> </u>		1□ Ya	s 2 No		Yes 2□ No
=======================================	Attending Physician: The order. ector: After this cartificate by the funeral director, per	Be	25. Wes case rafarrad to medical exeminer?		Oth	or:	eth (Check only one			
ō	Phys aral di	7: To	27. Manuer of Death 28a. Date of injury		ma of 28c. Injur	4 LI Nursing H	lome 5 Reside			
o I	ath. r: Afte	ation	1 ☑ Natural 5 ☐ Pending (Month, Dey Year) 2 ☐ Accidant investigation	Inj		k? Yes 2□No				
Division of Vital	of or Atte	Certification:	3 Suicida 6 Could not be datermined 28a. Placa of Injury - At building, etc. (Spec	homa, farr	n, street, factory, office		28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			Route Number,
	To the Hospital or Attending Physwithin 24 hours died death. To the Funeral Director: After this completely filled in by the funeral di	edical (29e. Cartifiar (Check only one) 1 Certifying Phyeician: To the best of my kr 2 Medical Examiner: On the basis of axamir and menner stelled.	nowiedga, nation end/	daath occurrad at tha tin or investigation, In my o	na, dete end pieca pinion, daath occu	, end due to the ce irred at the tima, da	use(s) end men ita and piece, ar	ner es stel nd dua to t	ted. ha causa(s)
	To the To the Comp	Me	29b. Signeture and title of certifier		29c. Licens			d. Dete signed		
			1 July m	200 000		1996	1	Feb 26	, 19	76,
			30. Name end eddrass of person who completed cause of deeth (Iti	311	iype, Print)	is Rd	Boor	1560×	0, 1	ND
	Sta Registra		TEB 2 2 1996	neture						

The second secon

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State of Maryland / Department of Health and Mental Hygiene 96 08 158

				ĺ	Certificate of	Death	Re	og. No.	00120
П	Dh		Decedant's Name (First, Middla, Last)				2. Data of Death Month		3. Time of Death
	Physici /Media		Jack Frederick Martin				March	05 1996	2340 AM
	Examir		4a. Facility Name (If not institution, give street and number)			4b. City, Town, or L	ocation of Death	4c. County of Deat	
			Washington County Hospit			Hagerst		Washing	ION
	Funeral Director		5. Social Security Number 6. Sax 7. Aga (In 1.1	yrs. last birth	nday) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, 4/8/19	Year) 9. Biri	hplace (State or Foreign
	_		Usual Rasidence of Decedant				4/0/19	Z4 Ma.	ryland
	ylenc mow		10a. Stata 10b. County 10c	c. City, Town	or Location				10d. Inside City Limits
	e Ma	ctor	MD Washington C	lear	Spring				1 ☐ Yas 2 No
	if th	Director	10e. Street and Number		10f. Zip Code		10	0g. Citizen of What Co	ountry?
	23a		14526 National Pike		2172			U.S.A	١.
	er de	Funeral	11. Marital Status 1 Navar Marriad 2 Married 1 Navar Marriad 2 Married 1 Ves 2 2 No	In U,S.	13. Was Decedant of H If Yas, specify Cubs	lispanic Orlgin? (S _i an, Mexican, Puerto	pecify Yas or No- p Rican, atc.)	14. Raca - Ame Black, White	
21215-0020	d within 72 hours effer death with the Maryland jiene. Than "natural", or frems 23a or 28s-f show than Madreal Examinet must be notified at	by	1 ☐ Navar Marriad 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Giva Yaar or Datas:		1 ☐ Yes 2 💢 No	Specify:		Specify: White	
2-0	72 ho	Completed	15. Decedant's Education (Specify only highast grade complated)	16a. ſ	Decedant's Usual Occup	pation	lei	18b. Kind of Business/	
21	c	nple	Elementary/Secondary (0-12) Collega (1-4or 5+)	- '	(Giva kind of work dona lifa. DO NOT use retired	duning most or won d)	king		
12	e filed within the hygiane. other than		Unknown	She	eetmetal W			Jamison D	oor Co.
and	be fill H d out	Be	17. Fathar's Nama (First, Middla, Last)				ne (First, Middle, N		
Maryland	should be and Mental marked or umatic eve	To	William Clarence Martin 19a. Informant's Name/Ralationship (Type, Print)	101				ine Grove	
Ma	nd 2 sho alth and 27 Is m r traum		Patricia A. Martin		Mailing Address (Street				
e,	ges 1 end 2 should be filed it of Health and Mental Hyg If Item 27 is marked othe or other traumatic event,				836 Sherma Disposition (Nama of c, cramatory or other place			COWN, MD 20c. Location - City or	21740 Town State
noi	Pages nent of I int: If Its iry or of		123001at 2 Commation 3 Mariloval Ironi Stata			1		,	
Baltimore,	교 된 본 분		21. Signature of Funaral Servica Lightness	Jedar	Lawn Par		9/96 H	Hagerstow	n, MD
B	Depa Impo any I		Marile Of Main	-	Thompson P.O. Box	Funeral	Home,	Inc.	11772
			23a. Part1. Enter the disease, or complications that ceused the shock, or heart failure. List only one ceuse on each line.	daath. Do n	ot anter tha moda of dylr	ng, such as cerdiac	or raspiratory arre	est,	Approximata
а	Physician		Shoot, or haart failura. List only one couse on each line.					I j	Interval Batween Onset and Death
d	/Medical Examiner		immediata Cause (Final disease or condition resulting in death)	~01	V.C.				weel
	LAUTHITE	2	rasulting in death)		onsequence of):	(1	(()	
	nsit	edical Examiner	Much	0	splestre	- dy n	g mu	Conron	18 months
,	rificete be executed ng physician and as the buriel-transit	Exai	Sequantially list conditions, If any, laading to Immadiata causa. Entar Undarlying	to (or as a co	onsequance of):	vcyte	(0)	(0000)	18 months
68760,	rsicia e bur	cal	Cause (Diseasa or injury that Initiated avants	In (or as a co	onsaquence of):	-ocyte	- Cert	cerrica)	10/14/1
	ug phy as th	Med	rasulting in death) Last	10 (01 45 4 50	moaqaanoo arj.				
Вох	endir r use	an/N	d						
	e daal	Physician/	Part II. Other eignificant conditions contributing to death but no	t resulting in	the underlying ceuse giv	an in Part I.	23b. Did tol	bacco use contribute	to the cause of death?
P.0	The law requires that the daath cer ate hes been signed by the attendir page 2 should be deteched for use	Phy	Pseudolyma t	NV	C-		1 □ Ye	8 22 No 3□P	robably 4 Unknown
	signe d be d	by	1 300 O LOVVEIC .					0.45	Notes and a second second
Ö	w requires that been signed t should be det	Completed					24a. Was ar periom	ned?	Wara autopsy findings available prior to completion of ceuse
Rec	hes hes	шp							of death?
a			or we are of a dist				1 ☐ Ya		1 Yes 2 No
₹		o Be	25. Was cese refarred to medicel axaminer? 1 Yas 2 No Hospital: 1 Inpatiant	2 ☐ ER/Out	onting all DOA Oth	or'	th (Check only one	a) ince 6 □Othar (Spe	-16.1
0	Phys eral di	-]	27. Manner of Death 28a. Data of Injury		ma of 28c. Injur		28d. Dascribe ho		city)
o	ath. :: Afte	atlo	1 ☑Natural 5 ☐ Panding (Month, Day Yea 2 ☐ Accident Invastigation	<i>If)</i> Inj		k? Yas 2 □ No			
Division of Vital Records,	or Attending F settar death. I Director: After d in by the funer	ertification:	3 ☐ Suicide 6 ☐ Could not ba datermined 28a. Place of Injury building, etc. (Sp.	At homa, farr	m, straat, factory, offica		28f. Location (Str. City or Town,	raat and Number or Ru Stata)	ural Routa Number,
	rs efti	Cer	Building, 60. (5)	raony/			ony or vour		
	To the Hospital or Attanding Ph within 24 hours eftar death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifiar (Check only (C	knowledga, mination and	daath occurred at tha tin for Invastigation, in my o	ma, date and place, pinlon, daath occur	and dua to tha ca red at tha tima, da	usa(s) and mannar as	stated. a to tha ceusa(s)
	thin 2 the mplet	Med	29b. Signature and title of certifier		29c. Licans			9d. Data signed (Mont	-541 - 5.116
	5 7 ¥ 7 8	=		>		3653	23	> / / 1	1
			30. Name and address of person who completed cause of death	(ltem 22a) (1				51613	
		1	Cry F. C. C.	(HeIII 238) (1	A 179	9 1 to w	ell sel	Hager	s town
	Sta	te	31. Date filed (Month, Day, Yaar) 32. Registrar's §	ignature	4.		v	-	
	Registr		MAD - R 1006 CAL Album	Annual Property lies	44				

4.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner

LEON WRIGHT 4e. Facility Name (If not institution, give street and number)

1. Decedent's Neme (First, Middle, Last)

MEDFORD

2. Dete of Death Month

11

Feb.

3. Time of Deeth

7:15 p

10d. Inside City Limita

1 Nas 2 No

Memorial Hospital at Easton 217-09-9393 5. Sociel Security Number

7. Age (In yrs. last birthdey) 1**⊠** M 2□ F 213-09-9393

4b. City, Town, or Location of Death Easton

4c. County of Death Talbot

1996

Funeral Director

Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. nt: If them 27 is marked other than "natural", or items 23s or 28s-f ahow 10a. Stete traumatic event, the Medical Examinar must be notified at Director 10e. Street end Number Funeral þ Completed

Be

Department of Health a Important: If item 27 is any injury or other tra once.

Physician

/Medical

Examiner

attending physician for use as the buris

signed by the aid

s certificate has b director, page 2 s

Aftar this funeral

director

þ

Completed

Be

Certification: To

Medicai

State

Registrar

Baltimore, Maryland 21215-0020

79 Yrs. 10c. City, Town or Location

If Under 1 Yaer | if Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 11/28/16

 Birthpleca (State or Foreign Country) Maryland

Hurlock

314 Charles Street

10f. Zip Code 21643

10g. Citizen of Whet Country? United States

MD

1 Never Merried 20 Merried 3 Widowed 4 Divorced

12. Was Dacedent Ever in U,S. Armed Forcas? NOM es 2 No If Yes, Give Year or Detas: WW II Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Yes 2 ☐ XNo Specify:

14. Race - American Indian, Black, Whita, etc. Specify: White

15. Decedent's Education (Specify only highest greda completed) Elementary/Secondery (0-12)

10b. County

Dorchester

College (1-4or 5+) 2

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Bueinees/Industry

17. Father's Nema (First, Middle, Last)

Plant Manager 18. Mother's Neme (First, Middla, Maiden Sumeme)

Cannery

Nathaniel W. Medford

Alda Wright

Dete

19a. Informent's Name/Relationship (Type, Print)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) P.O.Box 66, Hurlock, MD 21643

Mary V. Medford

20a. Method of Disposition 1 Burial 2 Cremetion 3 Removel from Stete

20b. Pleca of Disposition (Name of cemetery, cramatory or other plece) Unity-Washington Cem. 2-16-96 Hurlock, Maryland

20c. Location - City or Town, Stata

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funarei Service Licensee

22. Name and Address of Facility Federalsburg, Md.

2 MONTHS

Token

Framptom-Hawkins-Eskow Funeral 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.

Approximate intervel Between Onset and Death

immediete Cause (Finel diseese or condition resulting in death)

Jones Mal Cell hy Caner Superia Vena Cara

Due to (or as e consequence of)

Due to (or es e consequence of)

Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Physiclan/Medical

Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i.

23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an eutopsy performed?

24b. Were autopsy findings eveileble prior to completion of cause of deeth?

1 Yes 2 HNo

1 □Yas 2 □ No

25. Wes case referred to medical exeminer? 1 Yes 2 No

1 Inpetient 2 ER/Outpetient 3 DOA 28e. Dete of injury (Month, Day Year)

28b. Time of

28c. Injury et Work? 1 Yes 2 No

28. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred

29e. Certifier

27. Manner of Death

2 Accident

3 Suicide

4 Homicide

1 Neturel

28e. Pleca of Injury - At homa, farm, street, fectory, offica building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

12 Certifying Phyaiclan: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner steted.

29b. Signeture end title of certain

29c. License number

509 Idlewild Ave., Easton, MD 21601

29d. Date signed (Month, Dey, Year) 6

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

David Smith, M.D. 31. Dete filed (Month, Day, Year)

5 Pending

investigetion

6 Could not be determined

32. Registrer's Signeture

FR 14

Dia Taydson-Randell

DHMH 16 Rev 6/95

Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

within 24 hours after death To the Funeral Director: completely filled in by the

To the

Market 1 (1997) 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 199

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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completely filled in by

cremation, or

the attending physician and cond d Mental Hygiene prior to bunal.

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certificate has been in the State Dept. of I

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	AL OR ATT
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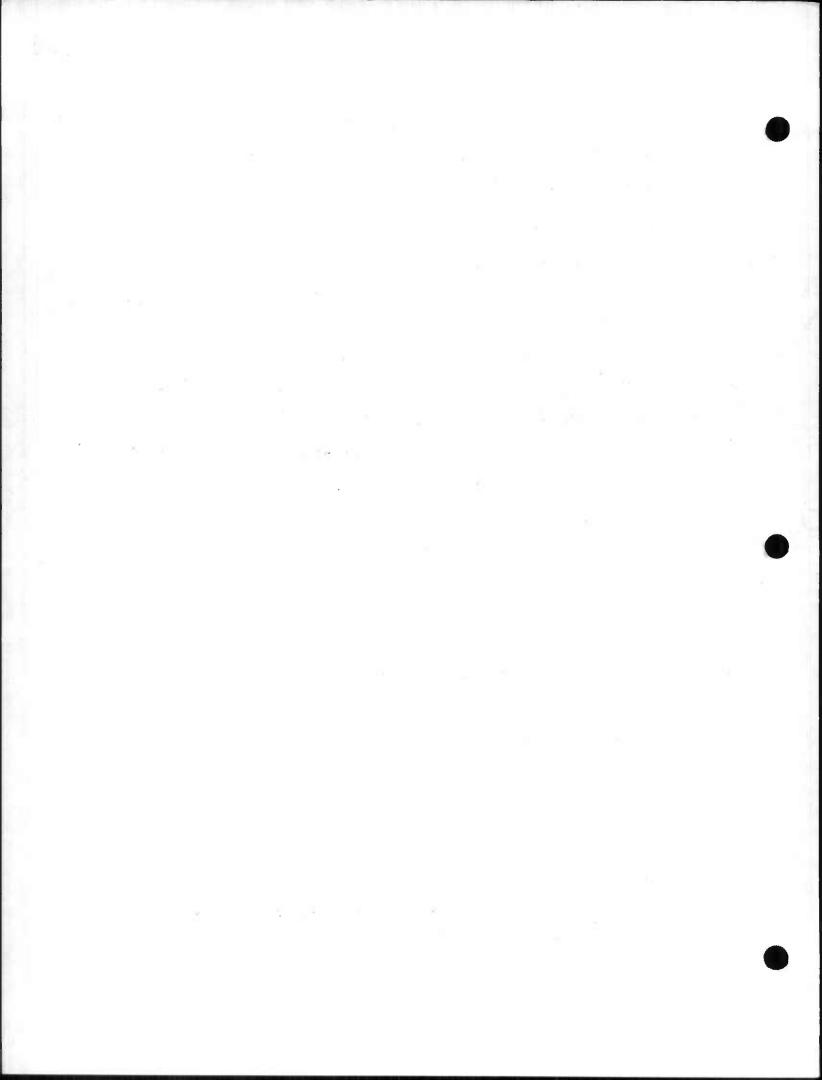
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MARCH MORRIS 650 M SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
DECEMBER 5. SEX 6. AGE (In yrs. last birthday) HOURS 1 M 2 XF MD 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH DC. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY MD ALISBURY WICONICO 1 YES 2 40 FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF 21801 U.S.A. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexicen, Puerlo Ricen, etc.)

1 YES 2 NO Specify: Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY /Secondary (0-12) College (t-4 or 5+) OMESTIC DOMESTIC be notified at once. HAMPTON _ 18. MOTHER'S NAME (First, Middle, BE 2 Glads alisbury 20b. PLACE AND DATE OF DISPOSITION (Name of METHOD OF DISPOSITION must Gurial 2 Cremetion 3 Removal from State Donetion 5 - Other (Specify) _ examiner OF FUNERAL SERVICE LICENSEE Williamson-Fluharty Fun. SVC Isabella 80 oulis medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory artest, Approximate Interval Between shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final the disease or condition NFARCTION MYDCARDIAL IN ON TH traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO ACUDENT CEREBROVASCULAR item 23 shows any COMPLETION DF CAUSE 1 TYES 2 X NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) TO THE HOSPITAL On A STATE THIS CERTIFIED TO THE FUNERAL DIRECTOR: After this certified filed within 72 hours after death with the 1 10 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

//Chark only

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examin ition end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) 띪 ► MA24+ 2 akuam D44061 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Appgu 540 (MD) SALISBURY RIVER SIDE DRIVE SUTE 4 MD 2180 32. REGISTRAP'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



REG. NO

2. DATE OF DEATH MONTN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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M U March 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 220-34-945 7 YRS. 1 M 2 - F 5 APRIL 0319 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 743-Washington permit, Pages 1, 2, 3 ambridge DIRECTO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION Maryland Dorchest Cambridge FUNERAL 10e. STREET AND NUMBER 10f. ZIP C00E 743 Washington 2/6/3 funeral director, page 5 should be detached for use as the burial-transit Street executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES ΒY 1 YES 2 NO Specify: 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ntary/Secondary (0-12) College (1-4 or 5+) Perator 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 alvin Mack BE notified 19a. INFORMANT'S NAME (Type/Print) 2 +Ric Washington e 20a, METHOD OF DISPOSITION og 20b. PLACE AND DATE OF DISPOSITION (Name of 3/9 must the l 4 ☐ Donation 5 ☐ Other (Specify) emetery 6 examiner 21. SHIMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HENRY FUNERAL HENRY 510 Washington St. completely filled in by the medicai 23. PART V Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one ceuse on each line. 6 **IMMEDIATE CAUSE (Finel** the cremation, disease or condition resulting in death) 070m CAZ event, DUE TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION attending physician and Sequentially list conditions, 2 DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING a prior the death certificate CAUSE (Disease or injury other signed by the attending ph Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other aignificent conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? law requires that shows any 1 TYES 2 NO has been ъ DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item State **EXAMINER** HOSPITAL: certificate 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 0 age a 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY Accident death Investigation DIRECTOR: After 26e. PLACE OF INJURY — At home, farm, street, factory, office 90 3 Sulcide COMPLETED 8 Could not be after 4 Nomicide 200 hours Item OR 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AND PITLEY OF CENTIFIES 29c. LICENSE NUMBER BE 2 COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Adden Mo 302 (8/1 INC 31. DATE FILED (Month, Day. MAR 0 1996

Jahn Davidson hardall

8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH 3:35 996 8. BIRTNPLACE (State or Foreign land 9c. COUNTY OF DEATH Dorchester 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. lack aNNING BRYAN Town, State, Zip Code) 2/6/3 ambridge Maryland 20c. LOCATION - City or Town, State ambrida Maryland 21613 Cambridge MD. Approximata interval Between Onset and Death 24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

16.1

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 5. PER F'.H. F'ILM 6-735 State of Maryland / Department of Health and Mental Hygiene 9 6 5/8/96 t.t Certificate of Death 1. Decedant's Nama /First Middle Last 2. Data of Death 3. Tima of Death **Physician** Month Vear **EMMA** OCONNOR 1996 3:35 March /Medical am 4a. Facility Nama (If not institution, giva street and number) 4b City Town or Location of Death 4c. County of Death Examiner St. Mary's Hospital Leonardtown St. Mary's If Undar 1 Yaar 5. Social Security Number If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days 1□ M 25 F Yrs. Director Dec 2, 1912 136-16-2032 Pennsylvania Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2K No Director Maryland St. Mary's Leonardtown 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20650 U.S.A. Cedar Lane Apt. #126 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 72 hours after 1 □ Navar Married 2 □ Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 K No Specify: þ 3 ₩ Widowed 4 □ Divorced Specify: White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within: Department of Health end Mental hyglene. Important: If hem 27 is marked other than "rany injury or other traumatic event, the Med Elementary/Secondary (0-12) Collega (1-4or 5+) Electronic Company 8th Grade Accountant 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Yovankin Paul Mary Pisarovic 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Connie Lantz 707 Wilson Court, Lexington Park, MD 20653 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ₺ Burial 2 □ Cramation 3 ₺ Ramoval from State Colestown Cemetery 3/16/96 Cherry Hill, New Jersey 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licensas 22. Nama and Addrass of Facility Mattingley-Gardiner Funeral Home, P.A. Tarden er. P.O. Box 270, Leonardtown, Maryland 23a. Part1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shoot or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** /Medical Immediata Causa (Final Jumbata Condo les peratore disaasa or condition rasulting in daath) Examiner Examiner Ceretino vacular buriel-trensit Sequentially list conditions, it any, laading to immadiata causa. Entar Undartying Causa (Disaasa or injury that initiated evants rasulting in daath) Last and Dua to (or as a consequence of) physician s the buriel Box 68760. hero elevores Physician/Medical Dua to (or as a consequence of): Site P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed has 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) axaminar? 1 ☐ Yas 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Tima of 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 ☐ Sulcide 6 Could not be 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homleida 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

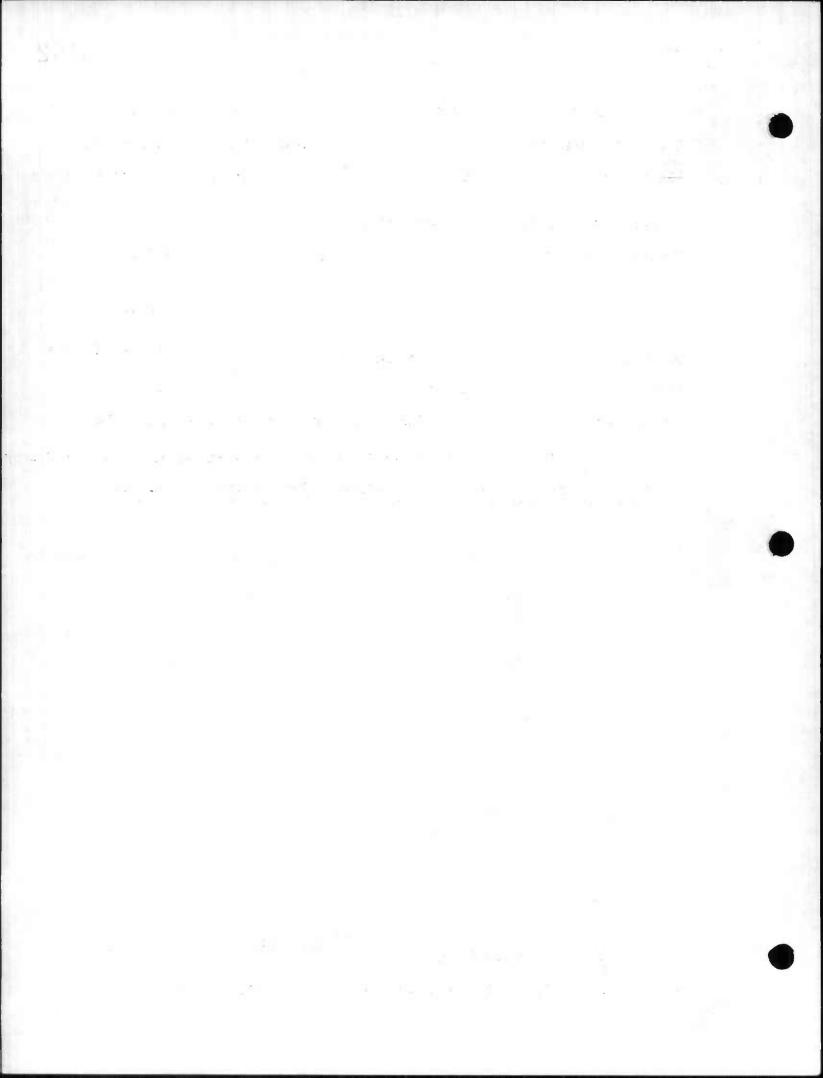
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifia Medical To the I within 2 To the I complet 29b. Signiture and tife of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 3.12.96 30. Nama and addrast of person who complated causa of death (item 23a) (Type, Print) JOHN FENWICK, M.D.

State Registrar

3 1996

31. Data filed (Month, Day, Year)

P.O. BOX 306 LEONARDTOWN, MARYLAND 20650 32. Registrar's Signature alk Davelson Randoll



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, L.					2. DATE OF C	DEATH		3. TIME OF DEATH			
	GoDoFREDO ANTO	NIO ORTIZ				MONTH -	04-19	YEAR	11:05 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	7. DATE OF 8 (Month, Day		6. BIRTHP	LACE (State or Foreign			
	577-58-5291 9a. FACILITY NAME (If not institution, g		2 YRS.		R LOCATION OF DE	JAN. 3	1924		GENTINA			
<u>E</u>	HOLY CROSS	,			VER SPRI				OMERY			
DIRECTOR	RESIDENCE OF DECEDENT	Г				LIVO		ONTO	CAMBILIT			
뿚	10a. STATE 10b. COI			OWN OR LOCATI					10d. INSIDE CITY LIMITS?			
	MD a MO	INTGOMERY	- 3	SILVER	SPRING ZIP CODE				1X YES 2 NO			
HA	12101 FOLE	Y Sm		101.	20902		10g. CITI					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN	-	pecify Yea or No-	U.S.	- American Indian.			
	1 Never Married 2 Married	FORCES? 1 YES		If yes, spe	cify Cuban, Maxica	n, Puerto Ricen			White, atc.			
ВУ	3 Widowed 4 Divorced	<u> </u>		N. N.		ARGENI	TIME	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHITE			
COMPLETED	15. DECEDENT'S (Specify only highest g	EDUCATION grade completed)	16a. DECEDENT'S USI (Give kind of work	done during mos	N at of working	16b. KIN	D OF BUSINESS/INC	USTRY				
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re				GD A T	ma	- 6			
N N	17. FATHER'S NAME (First, Middle, Lest		CRAFTSI	MAIN	40 MOTHERIC NA	ME (Elm) Allata	CRAF	TS				
	CLAUDIO	ORTIZ				ME (FIRST, MICHAIN MARTA	e, Meiden Sumame)	AT OIL	100			
BE	19a. INFORMANT'S NAME (Type/Print)	OMILL	19b. MAILING AD	DRESS (Street at			City or Town, State, Zip	ALOU				
2	EDUARDO M.	ORTIZ					. MD. 20	_				
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF D	DISPOSITION (Nar	ne of	DATE	20c. LOCATION —		rn, Steta			
	1 Burisi 2 N Cremation 3 Removal from State CHAMBERS CREMATORY 3/7 RIVERDALE, MD.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2007 0											
	11.21.6	Kambelle	M00091	W.W.	CHAMBER	RS CO.	INC. STL	VER S	20910 SPRING, MD.			
	23. PART I. Enter the diseases, shock, or heart felit iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one cause on e		()	te of dying, such		or respiratory an	eat,	Approximete interval Between Onset and Daeth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other algnificant condi	itiona contributing to deeth b		he underlying	cause given in		PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž	DID TOBACCO USE CO	NTRIBUTE TO CAUSE C	OF DEATH YES		UNCERTAIL	N IZ						
CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	28. PLACE OF DEATH	Check only one)								
YSI	1 TYES 2 DATO	14 Inpatient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Home	5 Rasidence							
표	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	RK?	28d. DESCRI	BE HOW INJURY OC	CURED				
B	2 Accident Investigat		/ At home term etro	M 1 V		204 1 004710	MAL (Character and Mountain	an Dural D				
E I	3 Suicide 6 Could not be building, etc. (Specify) 288. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 289. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, Steete)											
COMPLET	290. CERTIFIER 1 CERTIFYING P	PHYSICIAN: To the beat of my know	riedge, death occurred a	nt the time, data	end pieca, and due	to the cause(s) and menner as star	ted.				
MO	one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner so stated.											
	291/ SIGNATURE AND TITLE OF CERT	negary a	10	- 1	29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)			
TO BE	Mukel D.	They,	n. U		DO 11	38		3-5	-96			
F	30. NAME AND ADDRESS OF PERSON	NInda	P MD.	/ 2 9 :	75 6	2007	7 400 3	Silen	STAIN AD			
	31. DATE FILED (Month, Day, Year)	A REGISTRAN'S SIGN	INTRE CONSTITUTE	0//	2 CONE	PC/164/	6.0	I VEN	/ MINY MY			
- 1	MAR 07 199	JO JAME WHITE										

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DHMH 16 Bay 6/95

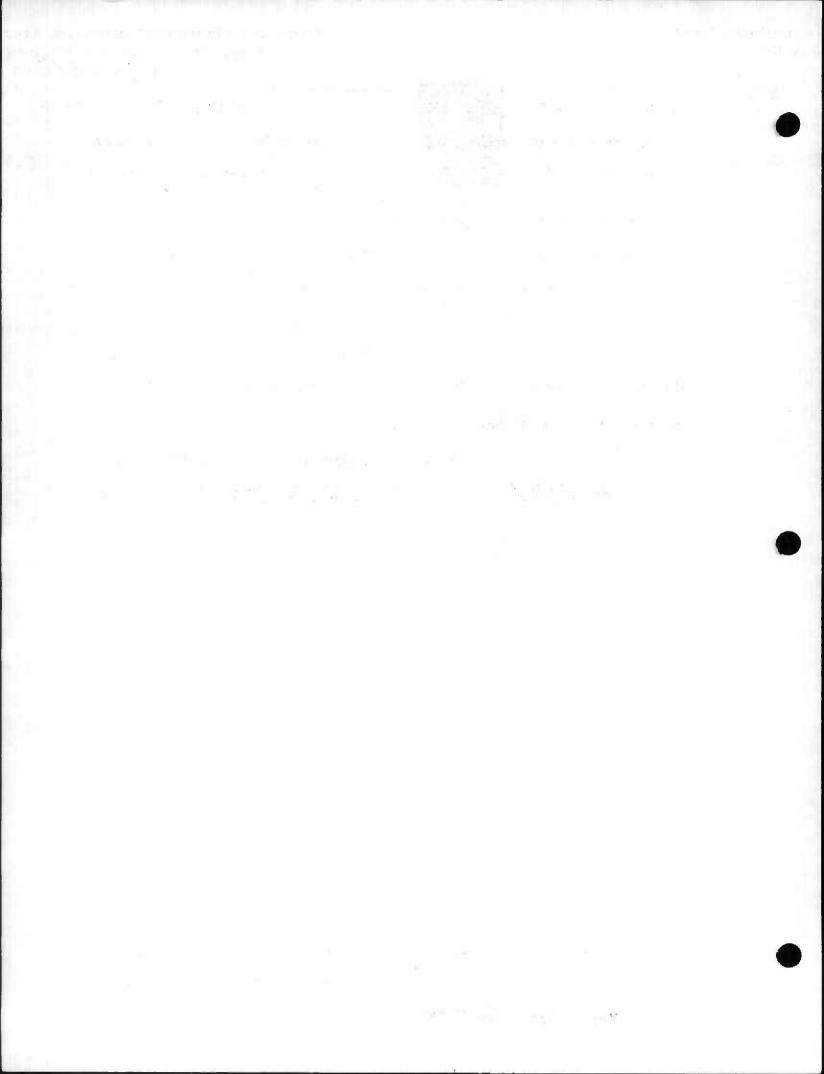
Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

08165

						Cer	tificate	of De	eath			Reg. No.		001	
			1. Decedent's Name (First, Middla, L	ast)						1	2. Data of De	ath		3. Time o	f Death
	Physic /Medi		DAVID PI	JTNAM	081	BORNE					Month MARCH	7, Day 19	96	3:30	PM
	Exami		4a. Facility Name (If not institution, gr	ve street and number)				4b. (City, To	wn, or Loca	ation of Death	4c. County	of Death		
			218 Leighton Ave	enue				Si	lvei	Spr	ing	Mont	gomei	°y .	
	Funeral Director		459-70-6713	Sex 7. Age 1 M 2 F 50	(In yrs. lasi	t birthday) Yrs.	If Under 1 \ Months D		Under : Hours	Min.	B. Data of Bir (Month, Da Aug 10	y, Year) , 1945	9. Birth	placa (State ontry)	or Foreign
1	is 1 and 2 should be filed within 72 hours after death with the Meryland of Health and Mental Hyglene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Experiment must be notified at	5	Usual Residence of Decedent	nonv	10c. City, T	own or Lo								10d. fnsida C	ity Limits
	the h	Director	10e. Street and Number	liet à	STIVE	er oh	10f. Zip Co	vde				10g. Citizen of	What Cou	2.63	
	ath with	ral Di	218 Leighton Aver				2090	1				United	Stat	ces	
2	s after de or item	y Funeral	11. Marital Status 1 □ Nevar Married 2★ Married	12. Was Decedent E Armed Forcas? 1 ☑ Yes 2 ☐ N If Yes, Give	.U.S.C	.6.	Vas Deceden Yas, specify □ Yes 2K			gin? (Spec , Puarto Ri	ify Yes or No ican, atc.)	- 14. Rai Bia Specif	ck, White,	can Indian, atc.	
3	ural.	d by	3 Widowed 4 Divorced	Year or Dates: \									Who		
-6121	rithin 72 ne. wan mat	Completed	15. Decedent's E (Specify only highest gi Elementary/Secondary (0-12)			(Give life. L	lent's Usual C kind of work of OO NOT use i	lone duri etired)	n ng most	of working	7	16b. Kind of B			
Z	ygler tr	S		4		Selt	-emplo	,	Dec. Facility	es es contra	MA COLOUR TOPO	Constr		on	
שב	d out	Be	17. Father's Name (First, Middle, Las	•	0 - 1						First, Middle,	Maiden Sumar			
Š	Mer Merke	9		nnat	Osbo					jinia			eonai		
Baitimore, Maryland 21215-0020	es 1 and 2 sh of Health and Itam 27 is rr r other traun		19e. Informent's Name/Reletionship Shirley Hendrics				g Address <i>(S</i> as #1		l Numbe	r or Rural	Route Numb	er, City or Town	, Stete, Zij	Code)	
more	Pages 1 nent of He int: If Itan		20a. Method of Disposition 1 □ Burial 2 🛣 Cremation 3 [4 □ Donation 5 □ Other (Speci		cem	atery, cren	sition (Name natory or otha e Crem	r place)	V	Mo	Date	20c. Location Beltsv			
Balti	permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Service Lice	need /		Ra Ra	Name and A	ddress o	f Facility	/			1110,	, I'IU	
		_	12544-15.1		M0082		3 Gist						20910	_	
	Physician /Medical		23a Part1. Enter the disease, or con shock, or heert feilure. List only Immediate Ceuse (Final					f dying, s	uch as	cardiac or	respiratory a	rrest,		Approximat Interval Bet Onset and	tween Death
	Examiner		disaase or condition resulting in death)	a Respirato										1 week	(
	100 300	ē		Pancreati	Due to (or as										
	d d ansit	Examiner	Cognentially list conditions	D	Due to (or as								1	3 mont	ins
ć	an en rial-tr		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury		vao 10 (01 ac	o a conseq.	201100 017.								
. 68/60,	eath certificete be executed attending physician end for use as the burial-transit	Medical	Ceuse (Disease or injury that initiated events resulting in death) Last	c	oua to (or as	a consaqu	uance of):								
DOX	th ce			d											
	he att	Physician/	Part It. Other significant conditions	contributing to death bu	not resultin	g in the un	nderlying caus	e given l	n Part I.		23b. Dfd	tobacco uae co	ntribute t	o the cause	of death?
S, T.O	es that the death igned by the atter be detached for i	by Phy									10	Yes 2X No	3 🗆 Pro	bably 4	Unknown
DIVISION OF VITAL RECORD	aw requir	Completed								_		an autopsy rmed?	av	ere autopsy vailable prior of empletion of death?	to
	는 물론	Co									10	res 2 No	11	□Yes 2X	l No
150	Physician: The this certificate and director, page	Be	25. Was case referred to medical examiner?					26	6. Place	of Deeth (Check only o	ne)			n-minn-
5	Physic this c	2	1 ☐ Yes 2 🕅 No	Hospitel: 1 Inpatier		/Outpatien			4□ Nu	rsing Home	e 5X Resid	dence 6 Ott	nar (Speci	(y)	
) IIOIS	After After	ation:	27. Manner of Death 1 ☒ Natural 5 ☐ Pending 2 ☐ Accident investigation		Year) 28	b. Time of Injury	28c.	Injury at Work? 1 ☐ Yes	2 🗆 1		3d. Describe	now injury occur	rred		
22	tal or Attencial State of all Directors.	Certification:	3 ☐ Suicide 6 ☐ Could not t 4 ☐ Homicide determined	28e. Placa of Inju- building, etc.		, farm, stre	eet, factory, of	fice		28	If. Location (i City or To	Street and Numi vn, State)	ber or Run	al Route Num	nber,
	To the Hospital or Atl within 24 hours after d To the Funeral Direct completely filled in by	edical	29a. Certifler 1 Certifying Pl (Check only one) 2 Madical Exa	nyelcian: To the best of miner: On the basis of and manner stat	examination	dge, death and/or inv	occurred at to estigation, in	he time, o my opinio	dete and on, deet	d plece, en h occurred	d due to the d at the time,	ceuse(s) and m date and place,	anner as s and due t	stated. o tha cause(a	a)
	To the To the comp	Me	29b. Signature and title of certifiar	Course w	W			cansa nu	ımber			29d. Data signe			
,	1					(a) (Ton 1		942				Marc	π δ,	1330	
			30. Name and address of person who Audrey P. Corsor	, M.D.		483	3 Beth	esda	Ave	#300	O, Bet	hesda,	MD 2	20814	
	Sta Registr		31. Date filed (Month, Day, Year) MAR 08	1996 Julia	's Signature	or Read	all								
DH	H 16 Bey 6/9		יין ארוווו	1330											

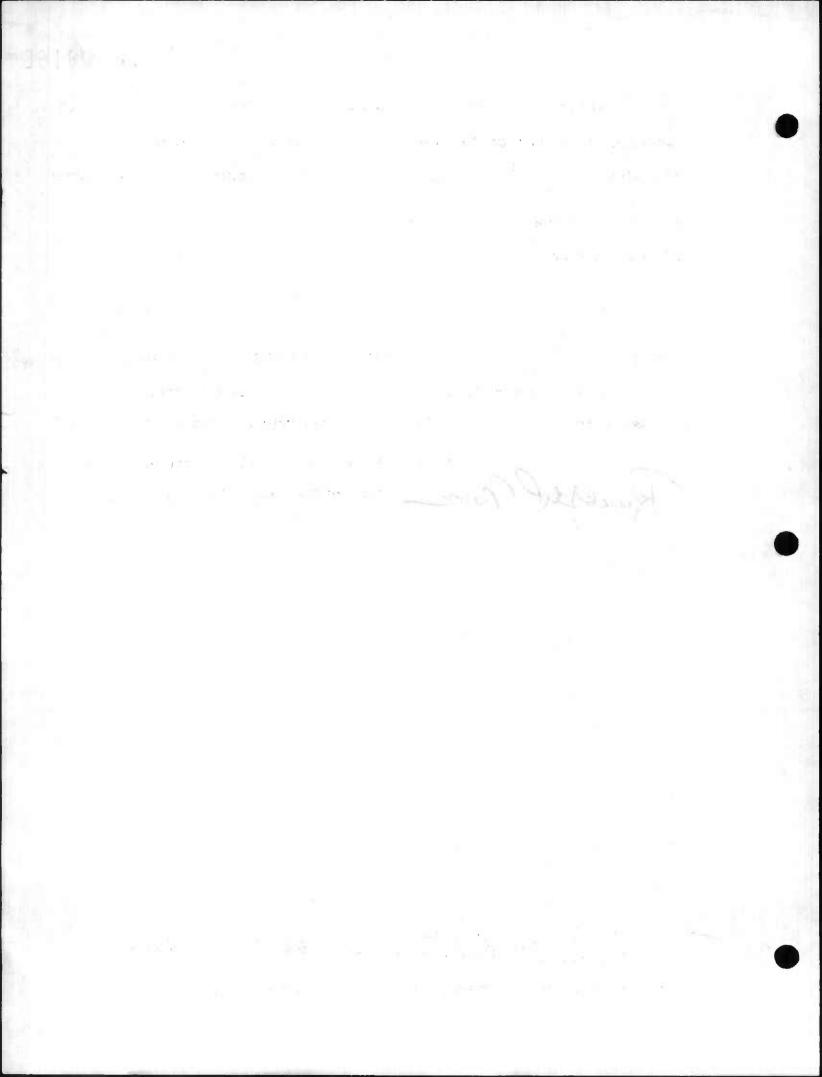


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State of Maryland / Department of Health and Mental Hygiene

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						Cert	ificate of	f Death	1		Reg. No.	20	00	100
			1. Decedent's Neme (First, Middla, La	ist)						2. Dete of De	ath		3. Time of	Deeth
	Physic /Medi		Evelyn	G	riffit	h	Orme			Feb.	21 ^{Dey} 19	9 ^{Year}	12:45	PM
	Exami		4e. Fecility Nama (If not Institution, give	a street end number)				4b. City, To	own, or Lo	cation of Deet	4c. Count	y of Death		
			Memorial Hosp	ital at	Easton	1		East	con		Talbo	ot		
	Funeral Director			Sex 7. Ag 1 □ M 2 235 F	a (In yrs. lest bi	Yrs.	If Under 1 Yea Months Dey:		24 Hrs. Min.	8. Date of Bir (Month, De October		9. Birth Cour Sout	pleca (Stete oi intry) h Caroli	r Foreign na
	Puel Maria		10a. Stete 10b. County		10c. City, Tov	vn or Loca	ation						10d. Inside Cit	v Limits
	n 72 hours after death with the Maryland *natural; or items 23a or 28a-f show redical Examiner must be notified at	Director	Maryland Caroli 10e. Street and Number	.ne	Den	ton	10f. Zip Code				10g. Citizan of		1 □ Yas	
	N with	O IE	520 Market Street	:			2162	9			U.S. 7			
	deat	Funeral	11. Marital Status	12. Wes Decadant Armed Forces?	Evar in U,S.	13. W	es Decedent of res, specify Cu	Hispanic Or	igin? (Spe	elfy Yas or No	- 14. Ra		ican Indien,	
21215-0020	ours after	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Pivorced	1 ☐ Yes 2 ☒ I If Yes, Give Yeer or Datas:			Yes 2 Mg No			inoan, ato.)	Speci	ock, White, fy: 1Casi		
5	72	Completed	15. Decedent's Ed (Specify only highest gre	ducation ade completed)	16a	(Give ki	nt's Usuel Occi	e during mos	st of worki	ng	16b. Kind of E			
121	filed within Hygiene. ther than	Idm	Elementery/Secondery (0-12)	Collage (1-4or 5		life. DC	O NOT use retir	red)			4			
	a filed v Il Hygie other t		11 HS grad. 17. Father's Neme (First, Middle, Last,	2	Se	ecret	cary/Of		_		Gover	nmer	nt/Bus	ines
an	Mental i	Be										-,		
Maryland	d 2 should b th and Ments 7 is marked treumatic e	2	19a. tnformant's Neme/Ralationship /		Tarrant	h Mailing	Addrass (Stra				eriffith		in Code)	
M	d 2 is		A. Russum Orme	,,,,,,,							ova, Mai			5
re,	- O E &		20a. Method of Disposition		20h Place C	of Dienosi	tion (Neme of story or other pi			Dete	20c. Location	*		
E	Page ent o mt: H		1X Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specif				ill Cem		12	/26	Easton	Mar	trand.	
Baltimore,	permit. Pages 1 Depertment of F Important: If its any injury or ot once.		21. Signature of Funerel Service Licer	-	Sprii		Name end Add			/20	Las con	rial	ytanu	
m	Depermination of the populatio		(Kung D)	it (no	or -	I	loore F	uneral	Hom	e, P.A.				
			23a. Perf. Enter the disease, or com shock, or heart feilure. List only	plicetions that caused	the deeth. Do	not enter	the mode of dy	er B, /ing. such as	Denti cardiac o	on, Mai r respiretory e	ryland 2	21629	Approximate	1
N	Physician		SHOCK, or Americ fellure. List only	one cause on eech in	10.							1	Onset end D	reen leeth
	/Medical		Immediate Ceuse (Final disease or condition	Dissen	0.00	له جا	Intro	NOS	1	a. C	moul	ati	. DA	45
	Examiner		resulting in deeth)	8.	Due to (or as e	conseque	ence of):	4 7 (4.3	cill	м С	- Car	401 100	Y. OPI	13
	p is	ine	_	Sepsi	5						9	i	DA	45
	end Ftran	Examiner	Sequentially list conditions, if any leading to Immediate		Dua to (or as a	conseque	ence of):					-		
60,	be ey ician burie	aiE	Sequentially list conditions, if any, leading to immediata causa. Enter Undarlying Cousa (Disease or Injury that initialed evants	· Proba	ble	100	a Ca	nce						
68760,	eeth certificate be executed attending physician end I for use as the buriel-transit	Medical	resulting in death) Last	,	Dua to (or as e	conseque			•			i		
×	certif ding se a	M		d										
Bo	deeth e atter ed for t	Icla	Port II Other elemificant conditions	ontellution to death b	ut ant manufilm t	اسماد محافيا		there to Don't		oos Did			. Ab	4 -44-0
Ö.	ss that the deeth gned by the atte be detached for	Physician	Pert II. Other significant conditions o		ut not resulting i	in the und	enying cause g	Iven in Part	L.		tobacco use co ∕ Yes 2□ No		othe cause o	
ري ص	es that igned be det	by P	tobacco 4	se						194	708 2010	30110	Julius 4 1	JIKI OWI
ğ	E 00 D	ed t									an autopsy	24b. W	ere eutopsy fi	ndings
000		plet								pend	med?	CC	ompletion of ca	luse
ď	- E 2	Completed								10	Yas 2 No	1	☐ Yas 2☐ I	No
Division of Vital Records,		Bec	25. Was casa raferred to medical					26. Place	a of Death	(Check only o				
>	5 00 0	To	exeminar? 1 ☐ Yes 2 No	Hospitel: 1 Inpatie	nt 2 ER/O	utpatient	3□ DOA O	thar: 4 Nu	ursing Hor	ne 5□Rasi	danca 6 □Ot	her (Speci	fy)	
0	ng Pt fter th		27. Mannar of Deeth 1 Neturel 5 □ Pending	28a. Date of Injur (Month, Day	y Year) 28b.	Time of Injury	28c. tnj	ury et ork?	2	8d. Describe	how Injury occu	rred		
Sio	eath. or: A the fu	cati	2 Accident Investigation	n			M 1[Yas 2	No					
<u>></u>	frer d frer d linect in by	Certification:	3 ☐ Sulcide 6 ☐ Could not be detarmined	28a. Place of Injubuilding, etc	ury - At home, fe c. (Specify)	erm, strea	t, fectory, office	•	2	281. Location (City or To	Street end Num vn, Stete)	ber or Run	al Route Numb)0r,
	oral C		29a. Certifier Certifying Ph		d t t - de									
	To the Hespital or Attending Phymitin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only one) 2 Medical Exam	yalctan: To the best on ntnar: On the basis of end manner ste	exemination en	e, deeth o	stigation, in my	opinion, dee	oth occurre	ed et the time,	dete end place,	anner as a	o the causa(s)	
	withir To th	ž	29b. Signatura and title of cartifler	1 /	10-		29c. Licar	nsa number			29d. Dete signe	ed (Month,	Dey, Year)	
) (,)-	H1/	0/8/	les.	21	0961	6		2/21	191	2	
			30. Neme end eddress of person who	completed cause of d	eeth (Item 23e)	(Type, Pr	int)					1 1 X		
			Ann Webb, M.D.,	607 Dutch	man's L	ane,	Easton	Mary	land	2160	L			
	Sta		31. Dete filed (Month, Dey, Year)	32. Registre	er's Signeture									
	Registr	ar	FEB 23 '96	Jan Da	vidson-Par	ndell								



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State of Maryland / Department of Health and Mental Hygiene 95

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						Certi	ficate of	Death		Reg. No.	, 0	00101
	Dharata		1. Decedent's Name (First, Middle, L	ast)					2. Date of D Month	leath Day	Veer	3. Time of Death
	Physic /Medi		MILDREI	S. PUG	CETA				MARCH		996	12:14PM
	Exami		4a. Fecility Name (If not institution, g	iva street end number)				4b. City, Town, or	Location of Dea	ith 4c. County	of Death	
			MARINER HEALTH	H CARE OF GREAT	TER :	LAURI	EL	LAURE	L	PRIN	CE GE	ORGES
	Funeral Director		5. Social Security Number 6. 578 – 38 – 4973 Usual Residence of Decedent	Sex 7. Age (in yrs 1			If Under 1 Yeer Months Days	Hours Min	. (Month, E	irth Day, Year) 30, 1903	9. Birthp Cour	place (State or Foreign ntry) PA.
	and w		10a. State 10b. County	10c. C	ity, Towr	n or Locat	tion				1	I Od. Inside City Limits
	8a-f sho	Director	MD. PRINCE	E GEORGES	BE		HEIGHT	S				}⊠Yes 2□No
	or 2		10e. Street and Number				10f. Zlp Code			10g. Citizen of	Whet Cour	ntry?
	ath w		6125 RUATAN				207				S.A.	
010	n 72 hours after death with the Manyland "natural", or items 23a or 28s-f show adical Examinet must be notified at	by Funeral	11. Marital Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorcad	12. Wes Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:	J,S.		s Decedent of I es, specify Cub Yes 2∑ No	dispenic Origin? (sen, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)	Id. Rac Bla Specifi	ck, White,	can Indian, etc.
21213-0020	2 ho	Completed	15. Decedent's I	Education	18a.	Deceden	t's Usual Occup	pation		16b. Kind of B	usiness/in	dustry
-		ple	(Specify only highast g Elementary/Secondery (0-12)	rade complated) College (1-4or 5+)		(Giva kin lifa. DO	d of work dona NOT usa retire	during most of wo	rking			
1	77 /70 -	P	7			HO	MEMAKER				AT HO	ME
man y rail ra	be filed trail Hygi d other event, t	Be	17. Fether's Neme (First, Middla, Las	st)				18. Mother's Na	me (First, Middl	a, Ma <i>idan Sum</i> an	10)	
	d 2 should be filed the and Mental Hyy 7 is marked other traumatic event,	To	FRANK	NOVAK				AM	ELIA	U	NKINOW	N
	2 should and Men is marke		19a. Informant's Neme/Relationship	(Type, Print)	19b.	Mailing /	Address (Street	and Number or A	ural Route Num	ber, City or Town,	Stata, Zic	Code)
			JANE WEST		50	015	FOX ST	., COLLE	GE PARK	. MD. 20'	740	
	of Healt item 2:		20a. Method of Disposition		Plece of	Dispositi	on (Nama of ory or othar pla		Date	20c. Location -	City or To	own, Stete
	Peges nent of I int: If ite		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec	☐Removel from State ify) (CREMAT		3/7	RIVI	ERDAL	E, MD.
	교투원들 .		21. Signature of Funeral Service Lig				ame end Addre		5/			
	Depa Impo		Alal Cha	mbershow	0091	7.7	LI CITAL	ADDED OO	ויייינים	אר ידו דא רוכ	00	727
	5770		23a. Part1. Enter the disease, or conshock, or heert failure. List only	nplications that caused the dea	th. Dor	not enter t	he mode of dvi	MBERS CO	c or respiratory	arrest.	J. 20	Approximate
	Physician		shock, or heert failure. List only	y one cause on each line.			•	•			1	Interval Between Onset and Death
Ž.	/Medical		Immediate Cause (Finel	CONGESTIVE	ישונו י	л гого т	יוסון דר אי				į	0 02 06
	Examiner		disease or condition resulting in death)	8.		conseque						2-23-96
	788 L.	Je.		ATRIAL FIR							1	5 YRS.
	cuted	Examiner	Sequentially list conditions	b	-	conseque) 1110.
	an er	Ä	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	MYOCARDIAL	. TS	THARN	ATT A				ì	5 YRS.
	rificate be executed ng physician end as the buriel-transit	edical	Cause (Diseese or Injury that initiated events resulting in death) Last	G		onsequer) 1110.
	E D a	5	resulting in dealin) Last	d							į	
	es thet the death ce igned by the ettendii be deteched for use	Physician/		Q								
	the e	sic	Part II. Other eignificant conditions	contributing to death but not re	sulting in	the unde	erlying cause gi	ven in Part I.	23b. Dic	tobacco uee co	ntribute to	o the cause of death?
	d by detec								10	Yee 2□ No	3 Prol	bably 4 Unknown
	The law requires thet the ate hes been signed by the pege 2 should be deteched.	by								1.1.	T 245 147	41 41
	v require been sig should t	Completed								s en autopsy formed?	av	ere eutopsy findings raileble prior to empletion of cause
	hesb ge 2 sl	nple		-								deeth?
	The i	Co							1□	Yes 2 No	1[☐ Yes 2☐ No
	Physician: The this certificate and director, per	Be	25. Was case referred to medical exeminer?					26. Place of De	ath (Chack only	ona)		
	Physic this co	2	1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatient 2	ER/Ou	tpatient	3□ DOA Ott	er: 4 Nursing I	Home 5□Res	sidence 6 DOth	er (Specif	у)
	ter th		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)		ime of	28c. Inju Wo	ry at rk?	28d. Describe	how injury occur	red	
	Attending ir death. Bctor: Aftel by the fune	atio	2 ☐ Accident investigation					Yes 2 □ No				
	or Attending P setter death. I Director: After the in by the funera	Certification:	3 Suicide 6 Could not determined		ome, tai	rm, street	, fectory, office			(Straet and Numbown, Stata)	er or Rure	Il Route Number,
	s eft of led in led in	Cer			77							
	To the Hospital or Attending Physician: within 24 hours effer death: Ca the Funeral Director: After this certific completely filled in by the funeral director,	edical	29a. Certifier (Check only one) 11 Certifying P 2 Medical Exa	hysician: To the best of my kn miner: On the basis of examin and menner stated.	owledge etion and	, deeth oo d/or Inves	curred at the ti tigation, in my o	me, date and place opinion, deeth occ	e, and due to the urred et the time	e cause(s) end ma e, date end plece,	anner as si and due to	teted. the cause(s)
	To t	Σ	29b. Signature end title of certifier	A A			29c. Licens	se number		29d. Date signe	d (Month,	Day, Year)
	i.		DH.	Ann			Dl	3668		03-10	26/	96
			30. Name and address of person who	completed cause of death (Ite	m 23a) (Type, Pri				/	/	. /
	U		AZHER HUSSAIN	M.D., 4917 H	DGEV	MOOD	RD., Co	OLLEGE PA	ARK. Md.	20740	4.5	
	Sta	ite	31. Date tiled (Month, Day, Yaar)	32. Registrar's Sign	ature							
	Registr	ar	MAR 07 19	196 Jeli Stude	or ha	delle						
21.10	HI 46 Day 60	6										

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State of Maryland / Department of Health and Mental Hygiene

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					Cer	tificate of	Death		Reg. No.						
	Dh!	·	Decedent's Nama (First, Middla, Last)					2. Data of De Month	ath	Vaar	3. Tima of Deat	h			
	Physic /Medi		CLIFFORD MART	IN P	OTTER			March	04	1996	10:07	pr			
	Exami		4a. Facility Nama (If not institution, give street and nut	mber)			4b. City, Town, or L	ocation of Deat	h 4c. County	of Death		~			
			St. Mary's Hospital				Leonard		St.	Mary'	s				
	Funeral	-	5. Social Security Number 6. Sex	7. Age (In yrs.		if Under 1 Yee Months Days		8. Dete of Bir (Month, De	th ev. Year)	9. Birthp	iaca (State or Fore	eign			
	Director		3/9-01-0494	86	Yrs.			April	14,1909	Ala	bama				
	and * -		Usuei Rasidanca of Decedant 10a. Stata 10b. County	10c. Cit	y, Town or Loc	eation				1	0d. fnside City Lim	nite			
	Manyi 1 ehe	ō	Maryland St. Mary's							1.	1 ☐ Yes 2 🏠				
	the 128s	Director	Maryland St. Mary's 10e. Street end Number	r I	iney Po	10f. Zip Coda			10g. Citizan of	What Coun	ntn/2	_			
	3a or	Ö	P.O. Box 3, Route 249			206	7/1			S.A.	uyı				
	me 2	Jera	11. Meritei Stetus 12. Wes Dece	edant Evar In U	,S. 13. W			pecify Yes or No		ce - America	an indian,	_			
21215-0020	2 should be filed within 72 hours after death with the Maryland end Mentel Hyglene. Is marked other than "natural", or flerma 23a or 28a-1 show summitic avent, or Medical Examinations to incurred.	by Funeral	1 Nevar Married 2X Married 1 Nevar Married 2X Married 1 Yas 1 Yas, Gh Yaer or D	2 🔀 No		Yas, specify Cul ☐ Yas 2 A No	Hispanic Origin? (Span, Mexican, Puarto Specify:	o Rican, atc.)	Bla Specif	ck, White,	etc.				
5-0	72 ho	Completed	15. Decedant's Education (Specify only highest greda complated)		16a. Deceda	ant's Usual Occu	upation a during most of wor	kina	16b. Kind of B	usinass/Inc	dustry				
2	ithin ie.	nple	Elemantary/Secondary (0-12) Coilega (1	-4or 5+)	lifa. D	O NOT usa retin	ed)	King							
	yglen yglen rt, mer th	S	12th grade 2 years		Teleg	raph Op				ern U	Jnion				
Maryland	1 and 2 should be filed within 72 hc Health end Mentel Hyglene. Iom 27 is marked other than "natur off or treumatic avent, tre Medical	Be	17. Fathar's Nema (First, Middle, Last)	W			18. Mother's Nem			-					
3	J Mer Marke	2	James Lafayette	Mai	ctin		Margare		eona		ones				
Ma	d2 sh h enc 7 ls n	10.3	19e. informant's Name/Raiationship (Type, Print)				et and Number or Ru				•				
	Health off		Alice Lavender, Niece 20a. Mathod of Disposition	20b. P		ociety i	Hill Rd.,	Date	20c. Location			,			
0	0 = 5		1 Burial 2 ☐ Cremation 3 ☐ Ramovel from	Stata	ematary, crem	etory or other pi	ace) Cemetery					1			
Baltimore,	Department of important: If any injury or other.			St.				3///1996	St. Georg	ges is.	tand, Mary	18			
ä	Dep Aug		4 Donation 5 Other (Specify) St. Georges Island Methodist 3/7/1996 St. Georges Island, Management of Funeral Service Licensee 22. Name and Address of Facility Mattingley-Gardiner Funeral Home, P.A.												
			22 Part Proceed San	deno	P.	O. Box	270, Leon	ardtown	Maryla	yland 20650					
J	Dhusislan		23a. Part 1. Enter the disease, or compileations that can be shock, or heart failure. List only one cause on e	ech lina.	n. Do not ante	r tria moda or dy	ing, such es cardiec	or raspiratory a	rrast,		Approximate Interval Batween Onsat and Deeth				
	Physician /Medical		tmmediate Cause (Finat	+	11	1-	1//	-			/				
	Examiner		disease or condition resulting in death)	uls 1	Majors	udia	1 July	arell	on	-	rous	_			
		ē		Due to to	V consequ	rentale city.									
	ertificete be executed ling physician and se as the buriel-transit	Examiner	Sequentially list conditions.	Due to (o	r as a consequ	ience of):				-		-			
Ő,	e exe ian a uriel-		Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury												
68760,	hysic the b	Medical	rasulting in death) Last	Due to (or	ras a consequ	ence of):									
×	entific ling p	Me	L.												
Bo	death cer e attendin ed for use														
o	the de	Physician	Pert ii. Other significant conditions contributing to de	ath but not rase	ulting in the un	darlying causa g	ivan in Pert i.	23b. Did	tobacco use co	ntribute to	the cause of dea	ith?			
0	- H 2		Drabetes Mellita	7				1 🗆	Yes 21 No	3 Prob	bebly 4 Unkn	OWI			
Records,	2 00	d by	Drabetes Mellita					240 14/00	en eutopsy	24h We	ara autopsy finding	20			
50	_ 00	ete	Aggertension					perfe	omed?	cor	ellable prior to mpletion of cause	, ,			
Re	has ge 2	Completed		1	•				how		death?				
Vital		e Co	25. Was case rafarred to medicai	dese	are			10		1	Yas 2 No				
=		o Be	exeminar? Hospitai:	enstiant O	FB/Outpations	2 DO4 0	28. Place of Dea			10		-			
of	문 문 등	 -		npatient 2 D of Injury h, Day Year)	ER/Outpatient 28b. Tima of	3□ DOA DOA DO	4 LI Nursing H		dence 6 □Oth how injury occur	- ' '	<i>'</i>				
O	Attending P or death. actor: After by the funer	atio	1 Øteturat 5 ☐ Panding (Mont 2 ☐ Accident invastigation	n, Day Year)	injury		ork?]Yas 2 □No								
Division	Atte or dec by th	iffice	3 Suicida 6 Could not be determined 28a. Place	ol injury - At ho	ome, ferm, stre	et, lactory, offica		28f. Location (City or To	Street and Numl	per or Rura	l Routa Number,				
Ö	s afte	Certification:	Sullin	ng, atc. (Specify	"	-		City of 10	wii, Stata/						
	To the Hospital or Attanding within 24 hours after death. To the Funeral Director; After completely filled in by the fune	edical	29a. Cartifiar (Check only one) 1 Cartifying Physician: To tha Check only one) 1 Cartifying Physician: To tha be and many one)	sie of examinat	wiadga, death tion and/or inve	occurred at tha t astigation, in my	ima, data and place, opinion, daath occur	and dua to tha red at tha tima,	cause(s) and made data and place,	annar as st	eted. tha causa(s)				
	To the within 2 To the comple	M	29b. Signature end title of cartifier			29c. Licen	se numbar		29d. Data signa	d (Month, I	Day, Year)				
3						1/9	9917		3/1/9	16					
			30. Name and address of pseeds who completed casts						14						
			James C. Boye, M.D. 17	Jeffer	rson St	reet Bo	x 301 Leo	nardtown	n, Maryl	land 2	20650				

Registrar

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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17 U	ily fil	ation	Ħ,
1 with	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent
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		1 - STATE REGISTRAR	STATE OF P	MARYLAND A	DEPAR	RTMEN	T OF H	IEALTH	AND	MENT						
		1. DECEDENT'S NAME (First, Middle, Last)		C	-KIII	ICAI	E OF	DEA	1 П	2 DAT	REG. NO			3. TIME OF	DEATH	
	1	Albe	erta H.	Payr	ie					MON	TH D	2, 19	996	12:2		M
	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR		R 24 HRS.	7 DAT	E OF BIRTH	,		PLACE /State		gn
		220-30-4449	1 □ M 2 🔀 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	Mai	1. 15,	190		aryl	and	
		9e. FACILITY NAME (If not institution, give s					Y, TOWN C					9c. COU	NTY OF DE	EATH		
DIRECTOR		Holy Cross Hos	pital			Si	llve	r S	prir	nq_		M	ONTG	OMER	Y	
l H		10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDI	CITY	_
			tgomery	7]]	Rock	cvil	le						1 YES)
Z Z		10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	IZEN OF W	HAT COUNT	RY?	-
FUNERAL		14635 Bauer D							0853				U.S	.A.		
5		1 Never Married 2 Married		YES 2	MED No	13.	If yes, sp	ecify Cubi	en, Mexica	in, Puerto	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- America White, etc.	n indian,	
₽		3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES			1 TYES	2 🔀 NO	Specify	y:			Specif	y: B1	ack	
COMPLETED		15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON of world		16	b. KIND OF BU	SINESS/INC	DUSTRY			_
		Elementary/Secondary (0-12)	College (1-4 or 5		. Do NOT u	se retired.)		St Or WORK	ny							
E E		7th 17. FATHER'S NAME (First, Middle, Last)			Dor	nest	ic				None					
			onomena	1				74-			Middle, Melden					
B B	196. MAILING ADDRESS (Street and Number of Burel Boute Number City or Town, State, Tin Code)															
	20906															
	20a. METHOD OF DISPOSITION 20b BLACE AND DATE OF DISPOSITION (Along of															
		1.20 Burial 2 Cremation 3 Remo	oval from State	Jeru	sale	ther place	hur	ch (Cem.	3/	18 P	oole	svi	lle.	MD	
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2	110	22.	NAME AN	ND ADDRE	SS OF FA	CILITY						
CAG		30103	16.10	non	æl		NOW.				L HOM 2085		.A.			
200	7	23. PART I. Enter the discess, or o shock, or heart feliure.	omplications the	t ceusad the de	eth. Do r	not ente	r the mo	de of dy	ing, auci	h as ce	rdiac or reapi	ratory arr	reat,		oximate	
	ĺ	IMMEDIATE CAUSE (Finel	List Only Old Jan	or on each use	-/	2.	-11		- 2						ral Betw t and D	
5		disease or condition resulting in deeth)	0	gether	S	1	Polo	mes	sel 1	an	urg	m		31	oces	40
200			OUE TO	OH AS A CONSE	DUENCE OF	F):	1	1 _								
NO NO		Sequentially list conditions,	OHE TO	(OR AS A CONSE	cros	es	2	de	orte	1				40	245	
ERTIFICATION		If any, leading to immediate cause. Enter UNDERLYING	552 10	(OH AS A CONSE	JOENGE O	7.	/									
F	H	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE OF	F):								+		
	١	resulting in death) LAST	1.													
		PART II. Other significent condition	s contributing to	deeth but not r	esuiting	in the u	nderiying	Cause	alven in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTO	PSY FINDS	NOS
PHYSICIAN: MEDICAL	ł										PERFOR	MED?		AMAILABLE P	RIOR TO	
MED											1 TYES 2	A MO	1	OF DEATH?	ON C	
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN															
SE		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT		, , , ,									
YSI	۱	1 XYES 2 NO	1 Inpatient 2		□ DOA	4 Nu		• 5 □ R	esidence	8 🗆 Oth	er (Specify)					
	Í	27. MANNER OF DEATH 1 Continue 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIM INJ	E OF URY		BK?		28d. DE	SCRIBE HOW I	NJURY OCC	CURED			
B		2 Accident Investigation	20 DI ACE O	E IN HIPPY AA L-		М	1 Y		NO							
ETED		3 Suicide 8 Could not be determined	building,	FINJURY — At ho atc. (Specify)	me, term, s	Hreet, Tac	tory, office	•		281. LO C/h	CATION (Street a or Town, State)	ind Number	or Rural Ro	oute Number,		
	1	29e. CERTIFIER CERTIFYING PHYSIC	TAN: To the heat of	mu knowlede - 1	oth acres				200							_
COMPL		(Check only one) 2 MEDICAL EXAMINE												and menn-	ag mint-	d
E C	1	295. SIGNATURE/AND TITLE OF CENTURER	-						ENSE NUM		,			Month, Day,		
2 0		18 Benar	k mo	7				1)	55	7		► 3	1410	16	rear)	
12		30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL			_		V				1	. //	100		

1	1	11	nay	1	_//	80/		
0.	NAME AND	ADDRESS	OF PERSON	WHO C	OMPLETED	CAUSE OF	F DEATH (ITEM 27) (Type, Print)	

10 4701 Randolph Rd, Rockville R.T. Bensck
31. DATE FRED (Month, Day, Your)
MAR 15, 1996 MU

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Acoust after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be finded within ZP fours after death with the State Dept. of Health and Mental Hygiene perform to removal. Or emonal "IMDIRETANT is have 28 in marked or them 28 in marked or them 28 in marked or them 28 in marked. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	REGISTRAN		CENTIF	ICALE OF	DEALH	REG. N	Э.					
1	1. DECEDENT'S NAME (First, Middle, La	Francis E	verett Pe	arson :	III	2. DATE OF DEATH MONTH March 3	199	3. TIME OF OEATH 6 1:30 A M				
	4. SOCIAL SECURITY NUMBER 006-14-0266		2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 19,		BIRTNPLACE (State or Foreign Country) Maine				
	Se. FACILITY NAME (If not institution, gi	ve street and number)		96, CITY, TOWN	OR LOCATION OF D			Y OF DEATH				
OR	4404 Tournay Roa			Bethe				tgomery				
[2]	RESIDENCE OF DECEDENT		10. 00	TY, TOWN OR LOCA	71011			Establishment of the second				
DIRECTOR	MD	Montgomery	10c. C1	Bethe				10d. INSIDE CITY LIMITS? D YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4404 Tournay Roa	d '		10	or. ZIP CODE 2081	16	10g. CITIZE	USA				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF WWII	ES 2 NO	If yes, a		ANIC ORIGIN? (Specify Venn, Puerto Rican, atc.)	es or No— 14	RACE — American Indian, Black, Whita, atc. Specify: White				
8	15. DECEDENT'S	DUCATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF B	USINESS/INDUS					
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 6+)	Ille. Do NOT u	work done during m se retired.) Officer	ost of working	U.S.	Navv					
OM	17. FATNER'S NAME (First, Middle, Lest)		naval	ollicel	Las assessments as							
	Francis Everet		T-20			AME (First, Middle, Maide						
BE		t rearson,	Jr.			rene Louis						
2	19a. INFORMANT'S NAME (Type/Print) Frances H. Pea		10 mm / mm 10 mm			I Route Number, City or To						
						ethesda,						
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 F 4 Donation 6 Other (Specify)	amoval from State	206. PLACE AND DATE Correctory, Cremetory or C MOUNT COM	of disposition (A other piece) Fort Cre	ematory	3/4/96 A		ria. VA				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY JOSEPH Gawler's Sons											
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arreat, Approximate											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR A Hepatoma DUE TO (OR A Hemachro	S A CONSEQUENCE O	OF): OF):								
8	resulting in death) LAST	d										
MEDICAL	PART II. Other algolificant condi	tions contributing to dest	h but not resulting	In the underlyle	ng cause given l		N AUTOPSY DRMED? 2 Ø NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
Z												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	theck only one)						
YS	1 YES 2X NO	1 Inpatient 2 ER/C				6 Other (Specify)						
BY PHYSICIAN:	27. MANNER OF DEATH 1 1 Netural 6 Pending 2 Accident Investigati	26a. DATE OF INJUI (Month, Day; Yea		JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED				
	3 Suicide 6 Could not 4 Homicide determine	building, etc. (3	JRY — At home, farm, Specify)	street, factory, offi	ce	281. LOCATION (Stree City or Town, Stee	t and Number or e)	Rural Route Number,				
COMPLETED	anal	IYSICIAN: To the best of my kr						i. cause(s) and manner as stated.				
TO BE (296 SIGNATURE AND TITLE OF CERT	ruderich) mo		29c. LICENSE NO 37	236	▶ Mar	signed (Month, Day, Year) Sch 3, 1996				
	30. NAME AND ADDRESS OF PERSON CAROUN HEN	DRICKS MO	9707	00	L CENTE	R DRIVE	100	20850.				
	31. DATE FILEMAR 00'8' 19	96 Java dava	GNATURO CARLALLA									

BALTIMORE, MARYLAND 21215-0020

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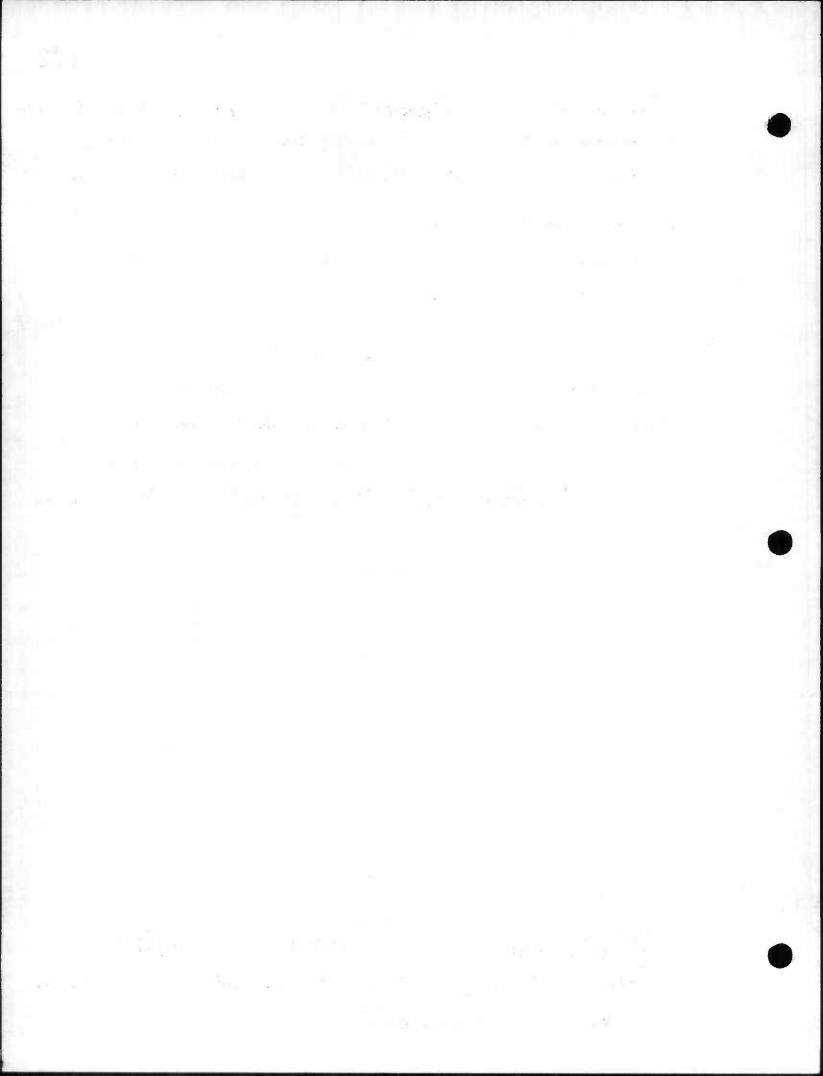
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death centricate be executed writing an overall state of the intervent of the things of the state of the state of the annual state of the state of the state of the annual Health and Mental Hygines point to burial, cremation, or removal of the manual for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit and the page 1, 2, 3 should be detached for use as the burial-transit permit.
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	1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lost) Hamilton Por	ulsen				2. DATE OF DEATH MONTH 4,	Ĭ996 ^{YE}	3. TIME OF DEATH 4:20 PM M			
		5. SEX 6. AGE (In yrs. In 83	YRS. IF U	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN April 5,		BIRTNPLACE (State or Foreign Country) Michigan			
NO.	90. FACILITY NAME (If not institution, give stre Holy Cross Hospi		9b.		r LOCATION OF DE 7er Sprii		9c. COUNTY MOT	of DEATH			
DIRECTOR	10a. STATE 10b. COUNTY MD MOntgo	omery		whor Locati	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL D	10e. STREET AND NUMBER 2809 Munson Str			101.	ZIP CODE 20902			OF WHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 THE FYES, GIVE WAR OR DATES	NO	II yes, spe	ENDENT OF NISPAN celfy Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCJ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	ECEDENT'S USUA Give kind of work of b. Do NOT use retin 'ire Fig	lone during mos ed.)	N st of working	Fire F					
BE COM	17. FATNER'S NAME (First, Middle, Lest) unobtainable					ME (First, Middle, Maiden ainable	Surneme)				
TO B	Jerry Poulsen	1	96. MAILING ADD 3709 Pa	rkland	nd Number or Rural I Drive,	Rockville	n, State, Zip Coo	²⁰⁾ 20853			
	29LXMETHOD OF DISPOSITION 12 Ouriel 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	ral from Stata cemetery, co	ematory or other per lawn Me	lacal			cation — city ockvill				
	21. SIGNATURE OF VINERAL SERVICE LICE	rent-Ha	lan	Mines		L Funeral H		er Spring MD			
	IMMEDIATE CAUSE (Finel	emplications that caused the dist only one cause on each line. RESPIRATOR DUE TO (OR AS A CONSI	ie.	nter the mo	de of dylng, suc	h as cardiac or respi	ratory srrest,	Approximats Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):					4R3			
MEDICAL	PART II. Other eignificent conditions ABDOMINAL PHIN ACOTE CONAL PA	POSSIBLE 130 HLURE, HYPO	HOMIC	BOV	VEL;	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PL/ HOSPITAL: I Nipotlent 2 - ER/Outpatient		HER:	e 5 🗆 Rasidenca	6 ☐ Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJ WO t :	RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	nome, lerm, street	, factory, office		261. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,			
COMPLETED	oppi	IAN: To the best of my knowledge, of the basis of examination and/o						ause(a) and menner ea stated,			
TO BE C	26. SCHATURE AND TITLE OF CHITTENER	i-MD			29s. LICENSE HUR D 362	52	294. DATE SK	R.5,1996			
F	30. NAME AND ADDRESS OF PERSON WHO STEVEN T. KARI	47, MD, 1150	EM 27) (Type, Print)	GIA,	WESTE	575 WH6	AZON A	422902			
	MAR 08 1996	32. REGISTRAR'S SIGNATURE	.1.11								

11.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of Ivia			ficate of			Reg. No.	U	8172
			1. Decedent's Neme (First, Middle, Las	st)				-	2. Date of De	ath		3. Time of Death
	Physici		Theodore 1-		PSAR	AK	.5		Month	Day (90	Year	10:10 Am
	/Medi Examir		4a. Facility Name (If not Institution, give	street end number)	1-1-1	7		4b. City, Town, or	Location of Death	4c. County	of Death	
7			Holy Cross Hospit	al	Silver S					Mont	ry	
-	Funeral		5. Social Security Number 6. S	ex 7. Age	(In yrs. lest bin	thday)	If Under 1 Year	If Under 24 Hrs	s. 8. Date of Bir			iace (State or Foreign try)
	Director		579-36-9995 1 Usual Residence of Decedent	M 2□ F	65	Yrs.	Months Days	Hours Min	June 5		Washi	ington, DC
	Mend Mend		10a. State 10b. County		10c. City, Town	n or Loca	tion				1	0d. Inside City Limits
	Man	ō	Maryland Montgor	nerv	C f 1 v	ar S	pring					1 ☐ Yes 21 No
	284	Director	10e. Street and Number	nery	DIIV		10f. Zip Code			10g. Citizen of V	Vhat Coun	try?
	3a o	0	728 Gist Avenue				20	0910		T	JSA	
	ms 2	Funeral	11. Maritel Stetus	12. Wes Decedent E	ver In U,S.	13. We	s Decedent of H	lispanic Origin? (Specify Yes or No	- 14. Raci	e - Americ	an Indian,
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Maryland of Health and Mental Hyglens. If Health and Mental Hyglens. If marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evanding must be incittled at	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 □XYes 2 □ No if Yes, Give Year or Dates:	Korean War		es, specify Cube Yes 2⊠ No	Specify:	rto Rican, etc.)	Black, White, etc. Specify: White		
5-0	72 h	ted	15. Decedent's Ed (Specify only highest great	ucation	16a.	Deceder	nt's Usual Occup	eation during most of we	nekina	16b. Kind of Bu	alness/inc	luatry
2	ithin an	Completed	Elementery/Secondary (0-12)	College (1-4or 54		life. DC	NOT use retired	d)	JIKIII			
	or the state of th	5		2	Ele	ectr	onic Eng	gineer		Self E	Emplo	yed
pu	al Hoth	Be	17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle,	Melden Sumam	e)	
yia	Men	10	Michael Psaraki	ls				Argir	o Stamat	akis		
Maryland	2 sh and ie m		19a. Informant'a Name/Relationship (7	ype, Print)	19b.	. Mailing	Address (Street	end Number or F	lural Route Numb	er, City or Town,	State, Zip	Code)
	and ealth n 27		Stephanie E. Hal	Ld				Lane, Mt	. Airy,	Maryland	21	771
ore			20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Demovel from State	20b. Place of cemeter	Disposit y, creme	ion (Neme of tory or other plea	ce)	Date	20c. Location -	City or To	wn, Stete
Ē	Pag ment mmt: I		4 □ Donation 5 □ Other (Specify		Glenwo	od C	emetery		3/8/96	Washing	gton,	DC
Baltimore,	permit. Page Depertment of important: If any injury or ance.		21. Signature of Funerei Servica Lican:	see			leme end Addre					
ш	89729		Dimathe	1 X) (am	ohell	Fr.	ancis J. O Univer	COLLIN	s Funera	I Home,	inc.	MD 20901
			23a. Part1. Enter the disease, or composhock, or heart failure. List only	olications that caused t	he death. Do r						11169	Approximete Interval Between
	Physician		Shook, of Heart lander. Elst only t	one cause on each line								Onset and Death
71	/Medical		immediate Cause (Final disease or condition	METRY	TATIL	lun	9 Ch	cer				month
	Examiner		resulting In death)		ue to (or es a							
	P #	Inel		b								
	and -trans	Examiner	Sequentially list conditions,	D	ue to (or as a c	onseque	nca of):					
50,	clan clan		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	c								
68760,	ificate be executed g physician and as the burial-transit	edical	that initieted events reaulting in death) Lest	D	ue to (or as a c	onseque	nce of):					
	5 D 6	_		d								
Box	that the death cert ed by the ettendin detached for use	Physician/M										
	res that the de signed by the e be detached i	ysk	Part II. Other eignificant conditions co	ntributing to death but	not resulting In	the unde	erlying cause giv	en in Pert I.	23b. Did	tobacco uss cor	tributs to	the cause of death?
P.0	hat ti ed by detac		Probable Seps	rís .					坪	Yes 2 No	3 Prot	bebly 4 Unknown
ds,		d by	Probable Sers	2. 1					Ode Wee	en autopay	24h We	ere autopsy findings
of Vital Record	law requires as been sign 2 should be	Completed	1xute lenal of	alle					parfo	med?	ava cor	allable prior to repletion of cause
Rec	0 - 0	dm									of c	death?
a	ician: The l certificata ha rector, page								10	Yes 20 No	10	Yes 2□ No
¥	Physician: this certific	Be	25. Was case reterred to medical examiner?	Hospital:			oC DOA Oth	or	eath (Check only o			
o	5 00 00	.T.	1 ☐ Yes 2 ☐ No 27. Manner of Death	28a. Date of Injury	2 ER/Out		3LI DOA	4 Nursing	Home 5 Resident	dence 8 Other how injury occurr		")
5	\$ \$ E	lon	1 Natural 5 ☐ Pending	(Month, Dey		njury	28c. Injur Wor	k? Yes 2 □ No	200. Describe	now injury occurr	eu	
Sic	Attending or death. ector: After by the fune	ica	2 Accident Investigation 3 Sulcide 6 Could not be	39a Piece of Injur	At home for	- atena		165 2 110	20f Location /	Street and Numb	or or Pure	I Roude Number
Division	X # # E	Certification:	4 Homicide determined	28e. Place of Injur building, etc.		m, stree	, lactory, office		City or To	wn, State)	or or mura.	House Number,
	epita cours rerei		29a. Certifier 1 Certifying Phy	sician: To the best of	mv knowledge.	death o	corred at the tin	ne, date and plac	e, end due to the	cause(s) and ma	nner as at	ated.
	To the Hospital of within 24 hours a To the Funerel D completely filled	edicai	(Check only 2 Medical Exami	iner: On the basis of e	xamination and	Vor Inves	tigation, in my o	plnion, death occ	urred at the time,	date and place,	and due to	the cause(s)
	Vithir To th	Me	29b. Signature and title or pertition	h			29c. Licens	e nu <i>m</i> ber		29d. Date signed	(Month, I	Day, Year)
	- > - 0	Ì	My lite				DI	9675		3/6/	96	
	1/4	}	30. Name and address of person inno	ompleted cause of de-	oth (Item 23a) (Type Pr	nt)					
11	211		RMA V.	BOCCIA	ル つ	97	0) h	bien	Center	d.	Ro	CKUILLO
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrar	a Signature	1 (1	-,
	Registr		MAR 081	ggg Ki.	Murilson	P	d					
DH	MH 16 Rev 6/95	5	O V AICHIN	July July	- wander	The Contract of	46					



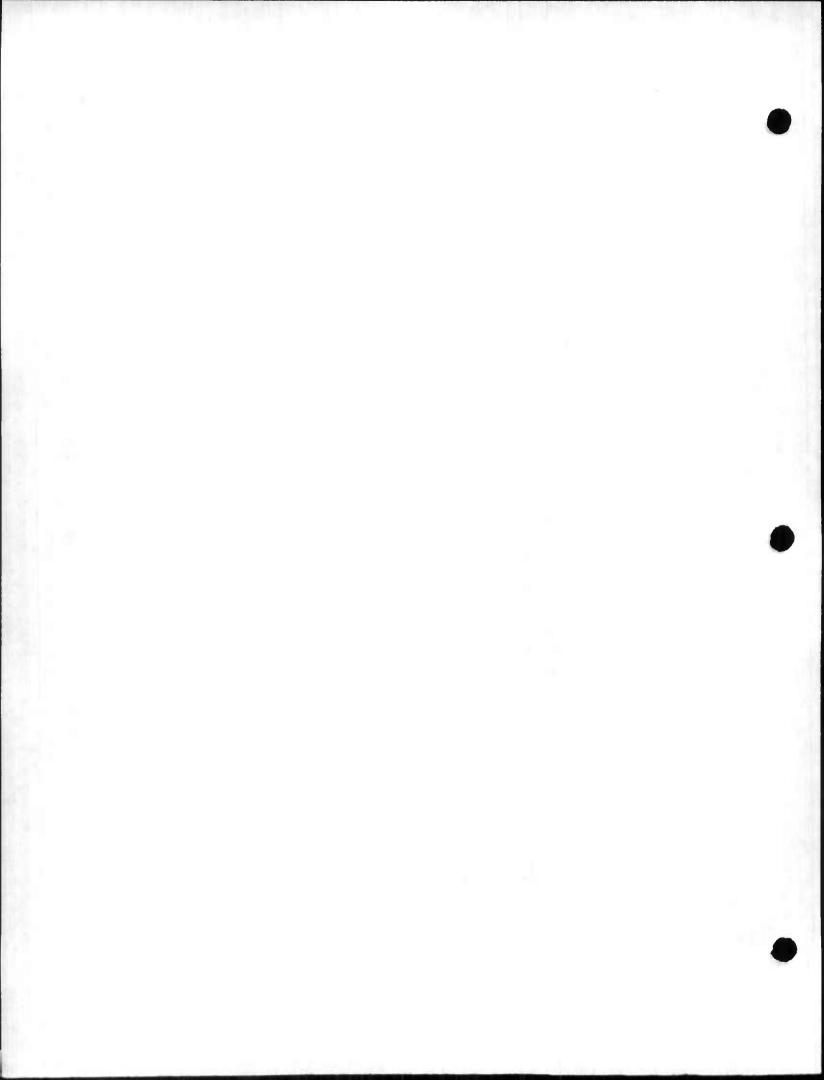
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or attending physician.	r use as the burial-transit permit. Pages 1, 2, 3 sh	
. OR ATTENDING P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FL	IMPORTA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 February 29 Walter N. Pike, Sr. 10:06 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 249-22-8192 DAYS HOURS XX M 2 D F YRS. 76 November 24, 1919 Dallas, Texas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Laurel Regional Hospital DIRECTOR Prince George's Laurel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Beltsville 1 TYES 2 XXNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3111 Fallston Avenue 20705 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 XXMarried 1 TES 2 XIXIO Specify. Specify: White В 3 Widowed 4 Divorced 1944 - 1945COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Engineer Federal Aviation Agency 17. FATHER'S NAME (First, Middle, Last, 16. MOTHER'S NAME (First, Middle, Maiden Surname) Walter K. Pike G. Alma Schwedler 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Annie M. Pike (wife) same as #10 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE 20a. METHOD OF DISPOSITION

1 X variet 2 ☐ Cremation 3 ☐ Ramoval from State Shepherd Memorial Park 3/5/1996 Donation 5 Other (Specify) Hendersonville, North Carolina 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY
Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Maryland 20705 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heert feiture. Liet only one ceuee on each line. Approximate Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Septic Shock DUE TO (OR AS A CONSEQUENCE OF): Possible Endarteritis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? Possible Guillain-Barre Syndrome COMPLETION DF CAUSE OF OEATH? 1X YES 2 NO Coronary Artery Disease 1 YES 2 X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🕱 UNCERTAIN 🗆 **PHYSICIAN:** 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one, HOSPITAL:
1 X Inpatiant 2 ER/Outpatiant 3 DOA OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE land D 27733 March 5, 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

14201 Laurel Park Dr, #214, Laurel, MD Barry K. Lance, MD 31. DATE FILEO MAR 32. BEGISTRAR'S SIGNATURE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Depa

White

3. Tima of Death

10d. insida City Limits 1 Yas 2 No

Onset end Death

6:03 AM

artment of Health and Mental	Hygiene	96	08	1	7	5
tificate of Death	Dec No	20	00	-	1	Ų

Reg. No. 1. Decedant's Nama (First, Middle Last) 2. Data of Death **Physician** ETTINGILL LUCILLE Nisler /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Shady Grove Adventist Hospital Montgomery **Rockville** | H Undar 1 Year | H Undar 24 Hrs. | 8. Data of Birth (Month, Day Hours | Min. | June 30, 9. Birthplaca (Stata or Foreign Country) Arkansas 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) **Funeral** Year 1 ☐ M 2 🕱 F Yrs. 93 Director 429-86-7836 Usual Rasidence of Decedant 10a Stata 10b. County 10c. City, Town or Location Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Coda Funerai

10g. Citizan of What Country? 301 Russell Avenue 20877 United States

12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 █No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuben, Maxicen, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 XNo Specify: Specify 3 Widowed 4 □ Divorced

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Spacify only highast grada completed) 18b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 12 Home Maker Own Home

17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama)

19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

4541 Burlington Pl., N.W., Washington, D.C. 20016 Barbara P. Clemons / daughter 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata

1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) 3/4/96 Plumerville, Arkansas Plumerville U.M.C. Cem.

21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility
De Vol Funeral Home 10 East Deer Park Dr., Gaithersburg, MD 20877

23a. Part1. Entay no disaase, or complications that ceusad tha death. Do not anter tha moda of dying, such as cerdiac or respiretory errest, shock, or he art 1 jure. List only one ceuse on each lina. Approximate Interval Batween

Immedieta Causa (Final

AGUTE RESPIRATORY FAILURE

Nannie Cargile

ENCEPHALOPATHY DUE TO HYPOGEYCEMIA 12 DAYS

Dua to (or as a consequance of)

Sequantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Disaasa or injury

that initiated avents rasulting in death) Last

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed? 24b. Wara eutopsy findings available prior to completion of ceuse of death?

1 Yas 2 No 1 ☐ Yas 2 No 25. Was cesa referred to medical axaminar? 26. Place of Daath (Chack only ona)

Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

27. Mannar of Deeth 28d. Describe how Injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding

1 ☐ Yas 2 ☐ No Invastigation 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify)

29a. Certifiar 1 Certifying Physician: To tha best of my knowledge, deeth occurred et tha tima, dete and place, and dua to tha causa(s) and mannar as statad.

Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) MARCH 03, 1996

30. Name end addrass of person who completed ceuse of deeth (Item 23a) (Type, Print)

GAITHERS BURG, MD 20877 481 N. FREDERICK AVE, 230 KANAN HUDHUD

State Registrar

31. Data filed (Month, Day, Year) MAR 05

DHMH 16 Rev 6/95

32. Ragistrar's Signatura Jalin Studen Re

I or Attending Physician: The law requires that the death certificate be executed efter death.

Director: After this certificate hes been signed by the ettending physician and Box 68760,

þ

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ettending physician for use es the burie

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A.S. Nisler

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Division of Vital Records, P.O.

To the Hospital of within 24 hours of To the Funeral Dicompletely filled in

MALE and at the

Please Type or Print in Black Indelibie ink. Assure All Copies Are Legibie. State of Marvland / Department of Health and Mental Hygiene 96

						Cen	tificate of	Death	F	leg. No.		00		
			1. Decedent's Name (First, Middle, La	st)		10 4			2. Dete of Dea	th	v21.	3. Time	of Death	
	Physic /Medi		Walter	В.			Price		Month	1, ^{Day} 1996	Yeer	9:0	O PM	
}	Examir		4a. Fecility Neme (If not institution, giv	e street end number)				4b. City, Town, or L		4c. County	of Death			
			Washington Advent:	ist Nursin	a & F	Rehab.	Center	Takoma	Park	Monto	omer	./		
	Funeral		5. Sociel Security Number 6. S	ex 7. Ag		last birthdey)	If Under 1 Yee	r If Under 24 Hrs.					e or Foreign	
	Director		282-12-4307 Usual Residence of Decedent	XM 2□ F	83	Yrs.	Months Days	s Hours Min.	Oct 16,	1912	Mich	igan		
	ahow ahow	2	10a. State 10b. County			, Town or Loc					10		City Limits	
	Ne N	Director	W. Virginia Tucker		Rec	Creek	T						- X3110	
	ith the	Ē	10e. Street and Number				10f. Zlp Code			log. Citizen of t	What Coun	try?		
	23a	a	Rural Route 1				26289			United	State	S		
Maryland 21215-0020	filed within 72 hours after death with the Manyland Hygiena. ther than "natural", or items 23a or 28a-f ahow ther than Medical Examiner must be noothed at	by Funeral	11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 X I If Yes, Give Yeer or Dates:			as Decedent of Yes, specify Cu ☐ Yes 2 🛛 No	Hispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No- o Rican, etc.)		e-America ck, White, e	etc.		
2-0	72 hours netural',	ted	15. Decedent's Ed	ducation		16a. Decede	ent's Usual Occu	upation	trina	16b. Kind of B	usiness/Ind	lustry		
7	d 2 should be filed within 72 hc th end Mental Hygiena. 7 Is marked other than "natur traumatic avant, the Medical	Completed	(Specify only highest gra	College (1-4or 5	141	life. D	O NOT use retir	e during most of wor ed)	King					
7	d withir giena. r than	E O		4		Farme	r			Agriculture				
D	2 should be filed end Mental Hygie Is marked other surratic avant, u	Bec	17. Father's Name (First, Middle, Last)					18. Mother's Nan	ther's Name (First, Middle, Maiden Surname)					
<u>a</u>	should be end Mental s marked o sumatic ava	To B	Orlo Josia	h	Pr	ice		Eva	Bron	Bronson Gra				
9	Shou nd N nma	-	19a. Informent's Neme/Relationship (Type, Print)		19b. Malling	Address (Stree	et and Number or Ru						
	and 2 balth e n 27 ls		Rachel Ripple (D	aughter)		610 B	oston A	ve, Takoma	Park	MD 209	12			
altimore,	E S		20a. Method of Disposition	augiteer)	20b. Pl	lace of Dispos	tion (Name of	ve, lakulla	Dete	20c. Location		wn, Stete		
9	Pages nent of int: If it		1 Duriel 2 Cremetton 3 Removel from State 4 Donation 5 Other (Specify) Chesapeake Crematory 3-2-96 Belt								ltsville, MD			
											IIe,	MD		
n n	permit. Departn Imports any Injt		21. Signature of Funeral Service Licen	V. Ra	RD		pp Fune		ces, P.	A.	ים מחנ	010		
	200	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.										Approxim Interval E	nate	
١.	Physician		shock, or heart failure. List only	one cause on each li	16.						į	Onset an	Jetween nd Death	
6	/Medicai		Immediate Cause (Final	ease or condition sulting in death) e. Lymphoma 5										
	Examiner		isease or condition soluting in death) Due to (or as a consequence of):											
	474	ē			Due to (or	r as a consequ	ence or):							
	nsit	Examiner	Sequentially list conditions. Due to (or as a consequence of):											
	death certificate be axecuted e ettending physician and vd for use es the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or	r as a consequ	ence of):							
68/60,	be gicias		Cause (Disease or injury	thet initiated avents										
à	phys the	Medicai	resulting in death) Lsst											
	entifica ding pl		L.	d							i			
gox	eath cer ettendir I for use	ian									I			
	e de	Physician/	Part II. Other significant conditions of	ontributing to death b	ut not resu	ilting in the un	derlying cause g	iven in Part I.	23b. Dld t	obacco use co	ntribute to	the ceus	e of death	
	that the de sed by the e	F.	Coronary artery	dicasca					101	'es 2□ No	3 Prob	ably 4	Unknow	
	as th	by	coronary arcery	dizease										
Records,	law requires as been sign 2 should be								24a. Was e		24b. We	re autops	sy findings or to	
Š	s be	Completed										npletion o	of cause	
	0 - 6	E							1□ 1	es 2X No	10	Yes 2	X No	
O	Iclan: Th certificate rector, pa	e C	25. Wes case referred to medical					00 00 00				1100 2	\$30 TWO	
or vital	cent	0	examiner?	Hospital:		ED/0	0	thor	th (Check only o		10 11			
5	Physician: this certific rel director,	-	1 ☐ Yes 2 💢 No 27. Magner of Death	1 ☐ Inpatie		ER/Outpatient 28b. Time of	3LI DOA	4 LANUISING H	ome 5 Resid)	-	
	Ing Affeir	io	1 ☑ Netural 5 ☐ Pending	(Month, Da)	Year)	Injury	28c. Inj W	ork? ☐ Yes 2 ☐ No	200. 0 0 0 0 10 0	ow injury occur	100			
20	eatleath the	Certification:	2 Accident Investigation 3 Suicide 6 Could not be		444				004 Location /C	Nesset and Atum	ar or Dura	(Flavilla Al	h was form a	
DIVISION		ŧ	4 ☐ Homicide determined	28e. Placa of Inju- building, etc	ury - At ho c. (Specify	me, farm, stre	et, factory, office	3	28f. Location (S City or Tow		er or Hura	Houte N	umber,	
_	Htal urs a rai C	ပီ										_		
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	(Check only) 2 Medical Exam	ysician: To the best of niner: On the basis of	of my know	viedge, death	occurred at the	time, date end placa	and due to the o	ause(s) and mi	and due to	ated.	e(s)	
	in 24	P	one)	and manner sta	ited.		origination, in my	opinion, dout roots	iros at trio timo, t	ato ano piaoa,	4110 000 10		5(3)	
	within 2 To the	Σ	29b. Signature and title of certiller	11/11	1	1	29c. Licer	nse number		29d. Date signe	d (Month, I	Day, Year)	
			MULIII II	NUU	MA		1)2	1009		March 2	, 199	6		
			30. Name and address of person who	complated ceuse of d	eeth (Item	23e) (Type, P	rint)	-			-			
	4		Pamela Mulshine,					ve, Silve	er Sprin	m Mn 2	n 91n			
	Sta	to	31. Date filed (Month, Day, Year)	32 Registra				,	- Obitil	31 110 2	2010	_		
	J la	rc.	MAD OA 100		4	010								

DHMH 16 Rev 6/95

 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL	HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)						OF OEATH		3.	TIME OF DEATH		
	CLIFFORD	KIRWAN		PARKI	Sron, Sr.	MA	1CH 2	1696 YE	AR	0415 M		
	4. SOCIAL SECURITY NUMBER	11/11/2012	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C		8. (BIRTHPL/ Country)	ACE (State or Foreign		
	217-19-9126		83 YRS.			Feb.	11, 1	1913		YLAND		
RAL DIRECTOR	Se. FACILITY NAME (If not institution, give s							9c. COUNTY OF DEATH				
ğ	PENINSULA REGIONA	L MEDICAL CE	NTER	SAL	ISBURY			WICC	MICC)		
FUNERAL DIREC	10e. STATE 10b. COUNTY	r	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY			
F	MARYLAND WIC	COMICO		SALISBUR	Υ				1)	LIMITS? YES 2 NO		
AL	10e. STREET AND NUMBER			1	H. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?		
띨	725 MADISON STREE	<u>:T</u>			21801				U.S			
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMEO	13. WAS DE	CENDENT OF HISPAI pecify Cuban, Mexico	NIC ORIGIN	(Specify Yes	or No- 14.	RACE - Black, W	American Indian, hite, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			S 2 NO Specif				Specify:	TE		
	15. OECEDENT'S EOU		16e. DECEDENT'S	USUAL OCCUPAT	ION	16b.	KINO OF BUS	SINESS/INOUST				
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during n se retired.)	ost of working							
AP	12		1	MATERMAN		S	EAF00I)				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	liddle, Meiden	Surname)				
BE	JOHN R. PARKINSON	V			BEULAH							
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural							
	EVA PARKINSON 200. METHOD OF DISPOSITION	Lagh	PLACE AND DATE		STREET,	SALIS		MD. 21		On the second		
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State cam	etery, crematory or c	other placa)	METEDV	3/5		VONA, N				
	21. SIONATURE OF FUNERAL SERVICE LIC		· FAULS	22. NAME	ND ADDRESS OF FA	CILITY		NONA, I	IANT	LAND		
	1 (L.) V				N FUNERA			-				
	23. PMIV I. Enter the diseases, or o		00295	IPRINC	ESS ANNE	. MD.	2185	3		I A		
	shock, or haert failure.	List only one ceuse on as	ich Ilns.	not enter the m	ode of dyilig, suc	ii aa caru	ac or reap	ratory arrest.		Approximate interval Between Onsst and Death		
	disease or condition	Pield	P							Const and Death		
-	resulting in desth) a. DIE 60 (OR AS A CONSEQUENCE OF)											
z	Right Please Effermen											
일	Sequentielly list conditions, If eny, leeding to immediate											
S	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST A A B W F RVR OUE TO (OR AS A CONSEQUENCE OF):									12		
										12		
CERTIFICATION		1/1/20	70-3578	-E3						1		
AL	PART ii. Other significent condition	e contributing to death be	ut not resulting	in the underlyi	ng ceuse given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS		
MEDIC		-				_	1 YES 2	NO		MPLETION OF CAUSE DEATH?		
ME						l			11	YES 3 NO		
Ä	DID TOBACCO USE CONT		F DEATH Y			иП						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:								
14S	1 VES 2 140	1 1 Inpetient 2 ☐ ER/Outp	atient 3 DOA		me 5 Reeldence			NJURY OCCUR	ED			
	1 Antural 5 Pending	(Month, Day, Year)	IN	JURY W	ORK? YES 2 NO	200. 023	CHIEL HOW I	NOON! OCCON				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, ferm,	atreet, fectory, off	ce			and Number or F	Rural Rout	e Number,		
ш	4 Homicide determined	building, etc. (Spec	eny)			City o	or Town, State)					
COMPLET	290. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	ledge, death occur	red at the time, da	e end plece, end due	e to the ceu	se(e) end mer	nner ee stated.				
OM	anal	ER: On the basis of examination	n end/or investigati	on, in my opinion,	death occured at the	time, date	end place, en	d due to the co	HUBO(O) OF	nd manner ee stated.		
	290. LICENSE NUMBER 29d. DATE SIGNED (Month											
3 BE												
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	Oscare Guaranos M.D. 262 TI Gliman Rd Socistury, MD 21804											
	MAR 05 1996 July	32. REGISTRAR'S SIGN.										
	o 1930 Ju	A MANAGER STREET										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

0	8	1	7	8
-	~	-	- 4	~

						Ce	rtificate	e of	Death			Reg. No.			10
	101		1. Decedent's Name (First, Middle	, Last)	·						2. Date of De		V	3. Time	of Death
	Physic		Benjamin Ed	gar Price)						FE DYUG	ary 29	Yeer 1996	00	010
9	/Medi Examiı		4a. Facility Name (If not institution						4b. City, To	own, or Lo	ocation of Deal		ty of Deeth		
	C	ici	Washington C	ountu Hox	mital				На	аеля	town	1,00	shino	+	_
-			5. Social Security Number	6. Sex		. last birthday	If Undar	1 Yaar		24 Hrs.				lace (Stata	or Foreign
п	Funeral Director		214-30-1762	1.6 M 2□ F	63	Yrs.	Months	Days	Hours	Min.	8. Dete of Bi (Month, D. Ap.7.	y. Year 32	Mou	illano	1
			Usuel Residence of Decedent								1,1000	, , , , -		9	
	land		10a. State 10b. County		10c. C	ity, Town or L	ocation						1	0d. Inside (Olty Limits
	dary	0	Md. Fre	derick		Smi	thsbur	a						1 ☐ Ye	s 2 No
	28a	90	10e. Street and Number				10f. Zip (10g. Citizan o	f What Cour	itn./2	
	filed within 72 hours after death with the Maryland Hygiene. Ifther than "natural", or fterna 23a or 28a-f show ent, the Mexical Examiner must be motified at	Funeral Director	13226 Branden	bwrg Holl	Low Rd.		101. Zip (0000	21783		U.S.			uyr	
	dea	ner	11, Meritel Stetus	12. Wes Dec	edent Evar in I	U,S. 13.	Was Decede	ent of I	Hispanic Or	igin? (Sp	ecify Yes or N		eca - Amaric		
0	or he	교	1 Nevar Married 200 Marri	ed 1 ☐ Yes	2 X No						rican, atc.)		ack, White,		
02	de la la la la la la la la la la la la la	by	3 ☐ Widowed 4 ☐ Divorcad	if Yes, Gi Yeer or D			1□Yes 2	No.	Specify	•		Spec	ify: U	Phite	
21215-0020	iges 1 and 2 should be filed within 72 hours to f Health and Mental Hygiene. If Itam 27 is marked other than "natural", or other traumatic event, the Medical Exa	Completed	15. Decedent	s Education		16e. Dece	dent's Usuel	Occup	pation			16b. Kind of	Business/Inc	dustry	
21	Paragraph 2	pie	(Specify only highes Elementery/Secondery (0-12)	1	1-4or 5+)	life.	kind of work DO NOT use	e <i>retire</i>	d)	st of work	ing				
2	i vii	Eo	12	Conege	(1-401 34)		Del	ive	r			News	paper	Co.	
	事事	o o	17. Fethar's Nema (First, Middle, L	ast)					18. Moth	er's Nem	e (First, Middle	, Maiden Suma	ame)		
an	2 should be filed within and Mental Hygiene. Is marked other than aumatic event, the Mental than the Mental transmitters and the Mental transmitters are marked to the Mental transmitte	o Be	Benjamin F.	Price						Hild	la M. Ho	ZNNIIM			
2	d Med Trans	To	19e. Informent's Neme/Relationsh			19h Maili	Ing Addrage	/Stran				per, City or Tow	n State 7in	Code	
Maryland	d 2 s th an 7 is trau		Donna L. Price	Wife								Smiths			1783
a,	1 an Heal		20e. Method of Disposition	wije	20h					Hou	Dete Dete	20c. Location			705
ŏ	Pages 1 and 2 ment of Health a mut: If Itam 27 is ury or other tra		1 ☐ Burlel 2 ☐ Cremetion		State	Plece of Disponentery, cre	metory or off	her ple	ce)	11			7.1		
Ë	tant fury		4 □ Donetion 5 □ Other (Sp		51	meensbi	ing Cr	.ema	xory	mar.	1,1996	Smith	sowig,	Ma.	
Baltimore,	permit. Pages 1 and Department of Health Important: If Itam 27 any injury or other treatment.		21. Signeture of Funerel Service L	icensee			2. Neme and				1252	5 Bradb	wru Ai	10.	
ш	70 E 9 9		1 Jauch	N. STI	() ()	1	Davis	tun	ieral	Home		hsburg,			
			23e. Part1. Entar the dispase, or o shock, or heert feilure. List of	complications that	caused the dee	th. Do not en	ter the mode	of dyi	ng, such es	cardiec				Approxima	ate
	Physician		STOOK, OF HOOF HORDIG. EIST	only one cease on			٨	_					1	Onset and	Death
	/Medical		Immediate Ceuse (Finel disaesa or condition resulting in deeth) e. Bilateral Pneumonias.										1	2	001/6
н	Examiner		resulting in deeth)	е.)11621	UW	<u> </u>	1.1	WILL/	MIG	omo	. > ·	-) (0.	CENT
		ē		/	M	or es a conse	quence oi):	AA	()					1	.41
	uted	盲	ACT COMMISSION COMMISSION	b	IIUI	or es e conse		TETZ	fele	2~	201			p we	DULL
,	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or es e conse	quence or):		O				1		
68760,	sicia bur		Ceuse (Diseese or Injury thet initieted avents	c		170m2 76m							-		
89	licate phy s the	Medicai	resulting in deeth) Lest	1	Due to (or es e consec	quence of):						1		
×	certification of the second of			d											
Bo	death	Physician		4-1											
Ö	that the de ed by the detached	iysi	Part II. Other significant condition	s contributing to d	leath but not re	sulting in the u	ınderiying ca	iuse gi	ven in Pert	I.		tobacco use			of death?
۵	requires that the seen signed by th hould be detache										10	Yes 20 No	3 ☐ Proi	bebly 4	Unknown
ds,	8 5 8	l by									- id 147		045 146		. din din m
Record	been s	tec										en eutopsy ormed?	ev	are eutopsy alleble prior mpletion of	rto
ec	2 S T S	jd										. 4	of	deeth?	Cause
æ	0 - 0	Completed									10	Yas 2 No	10	Yes 2	□No
Vital	certificate rector, pag	Be (25. Wes case referred to medical						26. Plec	e of Deet	h (Check only	one)			
>	Physician: this certific ral director,	0	exeminer?	Hospitel: 1	/ Inpatlant 2	☐ ER/Outpetie	nt 3 DO	A Otl	her: 4 🗆 N	ursing Ho	me 5 Res	Idence 6 🗆 C	ther (Specif	v)	
J of		n:	27. Menner of Deeth	28e. Dete	of Injury oth, Day Year)	28b. Tima o	of 28	Bc. Inju Wo	ry et		28d. Describe	how Injury occ	urred		
0	offing f	atio	1 Neturel 5 Pending		iiii, Day Teal)	Injury	м		Yes 2	No					
Division	f or Attanding after death. Director: After d in by the fune	ifica	3 Suicide 6 Could n	ned 286. Piece	of Injury - At h	nome, ferm, st	reet, factory,	office			28f. Location	(Street and Nur	n <i>ber</i> or Rura	Il Route Nu	m <i>ber</i> ,
ă	5 E E	Certification:	4 Homicide	build	ing, etc. (Spec	ity)					City or To	wn, Stete)			
	ephra nours ners		29e. Certifier Certifying	Phyalcian: To the	best of my kn	owledge, deet	h occurred e	t the ti	me, dete ar	nd plece.	end due to the	cause(s) end	menner es s	teted.	
	24 P 24 P Fui letely	edicai	(Check only 2 Medical E	xaminer: On the b	easis of exeminates	etion end/or In	vestigetion,	In my	opinion, dec	th occur	red at the time	dete end plece	e, end due to	the cause	(s)
	To the Hospital or within 24 hours after To the Funeral Discompletely filled in	Me	29b. Signature end title of certifier				29c.	Licens	se number	-	Т	29d. Date sign	ned (Month,	Day, Year)	1
	P > P Ö	1	11/ 14)	1	M	(11	1	1 1	1		0	120	101	6.
			Thind	en	-ol	0 '			146	4.	13	1	104		
			30. Neme end eddress of person w	no completed caus	se of deeth (Ite	01	1	1 0		Har	10.a.1		1 1	1, -, 1	
			Mind Hoimela	xn, 3	635	CLEN	elanc	1 6	We .;	11010	Jerste	wn, 1	MD 0	+1+4	0.
	Sta		31. Dete filed (Month, Dey, Year) MAR - 1	1996	ABGISTRAT'S SIGN	ature	M					•		111	
	Registr	ar	T /IPdial	1000 -100	And their million the	- Manifeld									

DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

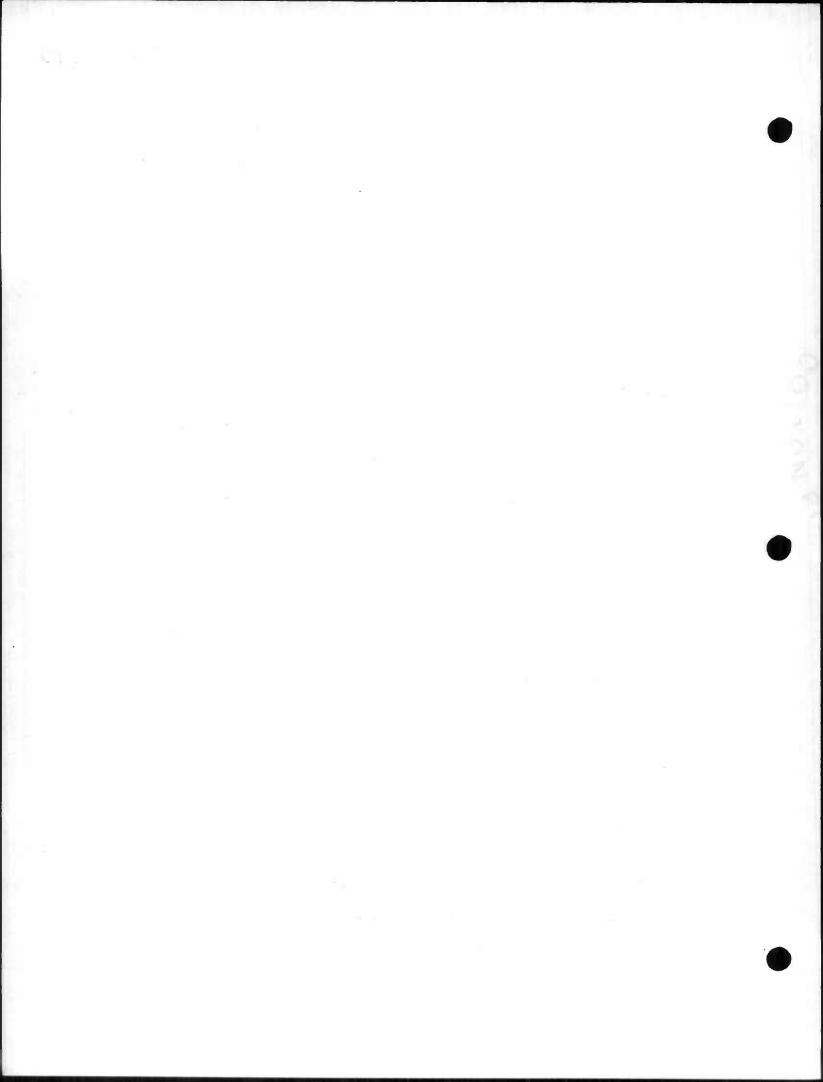
DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rr this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	eatth and Mental Hygiene prior to burial, cremation, or removal.	sarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	hours after dear	PORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic
THE HOSE	TO THE FUNE	be filed within 72	IMPORTAN

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Lest)		02.11.11.10	711 - 01	JEATT	2. DATE OF DEATH		3. TIME OF DEATH
JAMES M. PO	ORTER				FEB. 29 1		8:20 a M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
215-40-2723	1 M 2 D F	58 YRS.	NTHS DAYS	HOURS MIN.	JULY 26 1		EW YORK
9a. FACILITY NAME (If not institution, give street	et and number)	96	. CITY, TOWN O	LOCATION OF DE	ATN	9c. COUNTY	OF DEATH
ANNE AARUNDEL MED	ICAL		ANNAPO	LIS		ANNE	ARUNDEL
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY
MARYLAND ANNE	ARUNDEL	ANNAP	OLTS				LIMITS? 1 X YES 2 □ NO
10e. STREET AND NUMBER		1 *************************************		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1120 MADISON STREE	ET APT. B3			21403			US
	12. WAS DECEDENT EVER II	N U.S. ARMED			HC ORIGIN? (Specify Yas	or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES X		ZXNO Specify			Specify:
16. DECEDENT'S EDUCA	TION	18a. DECEDENT'S USI	HAL OCCUPATIO	м	16b, KIND OF BUS	1	BLACK
(Specify only highest grade or	ompleted)	(Give kind of work life. Do NOT use re	done during mos	t of working	190. KIND OF BUS	SIMESS/INDUS	HY
Elementary/Secondary (0-12)	College (1-4 or 5+)	CUSTODIAN			U.S. NA	VAT AC	NEMV
17. FATNER'S NAME (First, Middle, Last)		COSTODIAN		18. MOTHER'S NA	ME (First, Middle, Maiden		ALDENTI.
JACK PORTER				MAR	C. BROWN		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street an		Route Number, City or Tow	n, State, Zip Coo	de)
HAZEL_OFFER		1125 MA	DISON S	T. APT.	A4 ANNAPO	LIS. MI	21403
20a. METNOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Remov		D. PLACE AND DATE OF D		ne of	DATE 20c. LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)	AN	NAPOLTS M	EM. GAR		3/6/96 ANI	NAPOLIS	S. MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ADDRESS OF FA		D 4	
Lany 1	Reese				MORTUARY, I		1401
23. PART i. Enter the diseases, or co ehock, or heart failure. Li	mplicetions that ceuse	d the death. Do not	enter tha mod	le of dying, auc	h as cardiac or reapl	ratory arrest	Approximata
IMMEDIATE CAUSE (Final	at only one cause on e	auch line.					Interval Between Onset and Death
diseese or condition resulting in death)	Lung (ancer	_				(omus
	OUE TO (OR AS A	A CONSEQUENCE OF):					2 14
Sequentially liet conditions, b.	preen	vonia					SWKS
If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	. ` .				لادرا
CAUSE (Diseese or Injury C.	DUE TO (OR AS	A CONSEQUENCE OF:	mea				IWK
that initiated events resulting in deeth) LAST		,					Ì
d.							
PART II. Other eignificent conditions	contributing to death b	out not resulting in t	the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Alcoholis	<u>~</u>				1 YES 2	100	OF DEATN?
						1	1 TYES 2
DID TOBACCO USE CONTRI	BUTE TO CAUSE C			UNCERTAIL	1 📗		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:				
1 VES 2 NO	Inpatient 2 ER/Out	patient 3 DOA 4			8 Other (Specify) 28d. DESCRIBE HOW I	N IIIBA OCCID	ED
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WOI	RK?	280. DESCRIBE NOW I	NJONT OCCON	EU
Accident Investigation 3 Suicida & Could get be	28a. PLACE OF INJURY	Y — At home, term, stre-			281, LOCATION (Street	and Number or I	Burel Route Number.
4 Nomicide 8 Could not be detarmined	building, etc. (Spe	ocify)			City or Town, State)		
29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the beat of my know	riedge death assumed	of the time dat-	and place and di	to the grateful and an	mar en etet-d	
onel only							suse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		111					
SUSANI UNIT	GER WA	NAVA.	110	29c. LICENSE NUI	18	≥ 2-	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Pri	YUC, VI	V170.	کار	2	1 /0
134 owensi	ville R	O W	ESTI	CIVER	, MD 2	077	8
MAR 0 4 1996	32. REGISTRAR'S SIGN						



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State of Maryland / Department of Health and Mental Hygiene

08180

						Certific	cate of	Death		Reg. No.	0	08180	
п	Physic	ian	1. Decedent's Name (First, Middle, La	•					2. Date of De Month	eath Day	Year	3. Time of Death	
	/Medi		RUTH	HEARN	PHILI	JIPS			March	7 1996		noon	
	Exami	ner	4a. Facility Name (If not institution, given 708 Locust St.					4b. City, Town, or Cambrid	ge	Doi	of Death rches		
	Funeral Director		5. Social Security Number 220-46-5812 Usual Residence of Decedent	Sex 7. Age 7. Age 9	(In yrs. last bir		nder 1 Year iths Days	If Under 24 Hr. Hours Min	8. Date of Bi (Month, D March	rth ey. Year) 11 1896		place (State or Foreign ntry)	
	dand w		10a. State 10b. County		10c. City, Town							10d. Inside City Limits	
	the Menylan 28a-f ahow nour ad a	Director	Maryland Dorches 10e. Street and Number	ster			mbrid	ge		10a Chinas of I	AP Cour	Naves 2□No	
	a 23a or	eral Dir	708 Locust		1110		2161				.S.A.		
21215-0020	within 72 hours after deeth with the Meryland ene. than "natural", or itama 23a or 28a-f ahow he Medical Examinet must be notified at	d by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Dates:			specify Cub	dispanto Origin? (: an, Mexican, Pue Specify:	rto Rican, etc.)	Specify	ck, White,	can Indian, etc. hite	
5-	d 2 should be filed within 72 hours after deeth with the Meryla th end Mental Hygiene. 7 is marked other than "natural", or itama 23a or 28a-f ahon traumatic event, the Modical Examiner must be notified at	etec	15. Decedent's En (Specify only highest gre	ducation de completed)	16a.	Decedent's (Give kind o	f work done	during most of we	orking	16b. Kind of B	usin <i>e</i> ss/In	dustry	
121		Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	_	or use retire nomema	*					
and 2		Be	17. Father'a Name (First, Middle, Last, Her)		arn				ome (First, Middle Grace	e, Meiden Suman W11SO	10) 1		
, Maryland	end 2 shoul ealth end Me n 27 is mark er treumsti	То	19a. Informant's Name/Relationship (Edwin M. Henry	** *	19b	_			or Rurel Route Number, City or Town, St. licott City, MD 210) Code)	
Baltimore,	E T P		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification of the control			y, cremetory	or other pie	∞) al Park	Date 3/10	20c. Location -		41,171,111	
Balt	permit. Page Department of Important: if any Injury or once.		21. Signature of Fyneral Service Licer	2 Ivory	4.	Tho	nas Fu	ess of Facility eneral Ho		MD 216	13		
		П	23a. Part1. Enter the disease, or com shock, or heart feilure. List only	plications that caused t	he death. Do r	not enter the	mode of dyl	ng, such as cardia	ac or respiratory	arrest,		Approximate Interval Between	
	Physician /Medical		Immediate Cause (Final	0110 00000 011 0001 11110		card	۷.	1	1		1	Onset and Death	
7	Examiner	П	-	hous									
		ner		Į.	ue to (or as a	consequence	or):	9			į	Clean	
oʻ	a asscuted an and uriel-trans	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	ue to (or as a	consequence	ot):	Here				- Jan	
Box 68760,	eath certificate be asscuted ettending physician and for use es the buriel-transit	lan/Medical	Cause (Disease of Injury that Initiated events resulting in death) Last	d	ue to (or as a c	consequence	of):	0					
	the etter the for u	Physicia	Part II. Other significant conditions of	ontributing to death but	not resulting in	the underly	ng cause giv	en in Part I.	23b. Did	tobacco use çe	htribute t	o the cause of death?	
s, P.O	ed by detac	by Phy							1 🗆	o. Did tobacco use centribute to the cause of death? 1 Yes 2510 3 Probably 4 Unknown			
Record	aw requisite should	Completed							24a. Was	s an autopsy ormed?	av	ere autopsy findings ralleble prior to empletion of cause death?	
E R	ate h	Соп							10	Yes 20 No	1[☐ Yes 2☐ No	
of Vital	Physician: The this certificate ral director, per	Be	25. Wes case referred to medicel examiner?	Hospitat:			Ott		eath (Check only	one)			
ō	Phys ral di	1: To	1 ☐ Yes 2 ☐ No 27. Menner of Math	1 ☐ Inpatient		tpatient 3E	DOA Ott	4 U Nursing	_	idenca 6 Oth		y)	
ion	Attending Ph or death. ector: After th by the funeral	atlor	1 Natural 5 ☐ Pending investigation	(Month, Dey	Year) Ir	njury M	28c, Injui Wor	rk? Yes 2 □ No					
Division	al or Attend s after death if Director: /	Certification:	3 Suicide 6 Could not be determined	28e. Plece of trium building, etc.	y - At home, fe (Specify)	rm, street, fa	ctory, office		28f. Location City or To	(Street and Numb wn, Stete)	er or Rure	al Route Number,	
	To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edical (29e. Certifier (Check only one)	ysician: To the best of niner: On the basis of a and manner state	xamination end	, death occu d/or Investiga	red at the thi	me, dete end plec pinion, death occ	e, and due to the urred at the time,	cause(s) and me dete and place,	enner as si and due to	tated. o the cause(s)	
	To the within 2 To the comple	M	29b. Signature and title of certifier	100)		29c. Licens	e number		29d. Date signe	d (Month,	Day, Year)	
			* Yul	w	Kew	W	Di	32773	>	38	16		
			30. Name and address of person who	FRERYW) 5	Type, Print)	BVE	W 51	T Cato	n Bryd	18	ne days	
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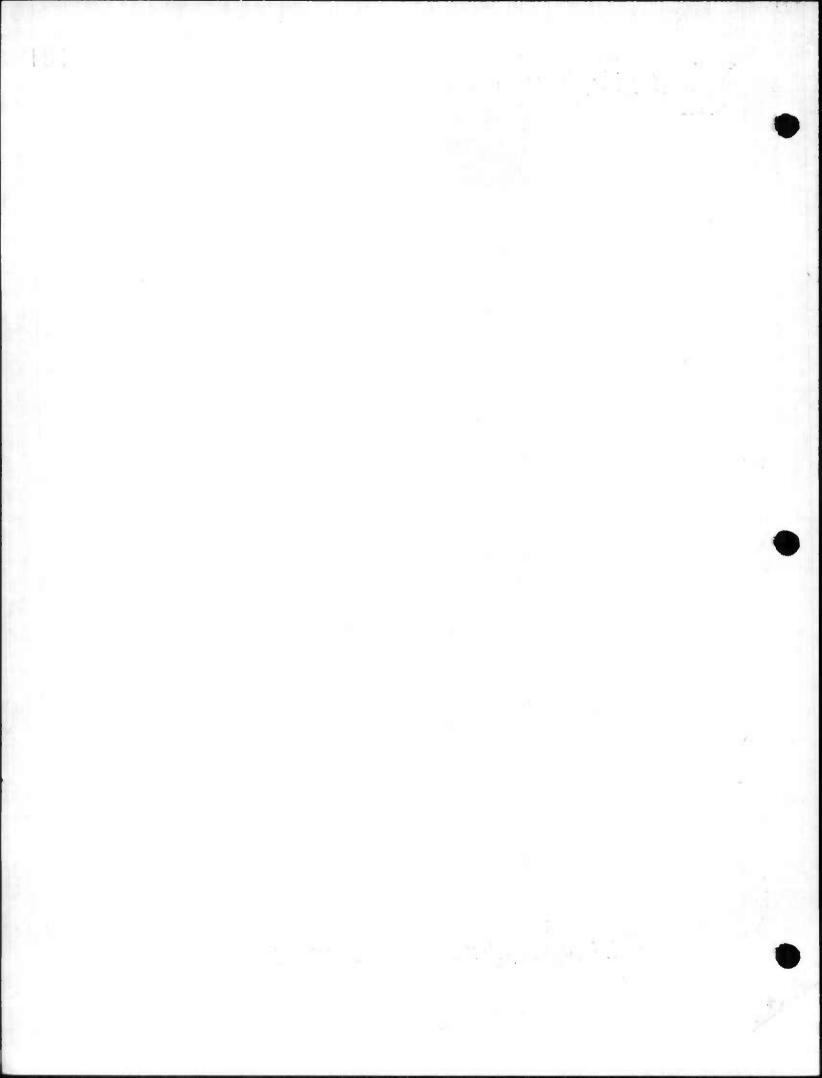
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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							C	ertificate	of.	Death			Reg. No.		0010	
			1. Decedent's Neme	(First, Middle, Le	est)							2. Dete of De			3. Time of Death	
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۲.	/Medi		(4b. City. To	wn. or Lo	ocation of Deet			7.01 0	
	Exami	ner					4-1						2	or Boom	Gaine 11	
			Carroll County General Hospital 5. Social Security Number 6. Sex 7. Age (In yrs last birthday) If Under 1												Carroll	
	Funeral	н	5. Social Security No		Sex 1□M 212 <if< td=""><td>7. Age (In yrs</td><td></td><td></td><td>Deys</td><td>Hours</td><td>Min.</td><td>8. Dete of Bi (Month, De</td><td>rth By, Year)</td><td>9. Birthp Coun</td><td>lece (State or Foreig try)</td></if<>	7. Age (In yrs			Deys	Hours	Min.	8. Dete of Bi (Month, De	rth By, Year)	9. Birthp Coun	lece (State or Foreig try)	
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_	hours after death with the Maryland turet, or items 23a or 28s-f show at Expressor must be notified at		100000000000000000000000000000000000000	ad 256 Marriad	Armed F	orces?		If Yes, specify	Cuba	an, Mexica	n, Puerto	Rican, etc.)		ck, White,		
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baltimore,	permit. Pages Department of Important: If It any Injury or			5 Other (Special			Carr	oll Cw	ma		• 1	8/96				
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5	the by the	ř									10	Yes 20KNo	3 ☐ Prob	nably 4 Unknow		
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necora	8	ig.												of c	death?	
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DIVISION	Attending Ph or death. ector: After th by the funeral	io	1/10 Naturai	5 Pending Investigatio		nth, Dey Year)	Injun	M		k? Yes 2□	No					
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7	To the Hospital or Attend within 24 hours after death To the Funeral Director: completaly filled in by the	-														
	To the Hospital within 24 hours a To the Funeral I completely filled	edica	29e. Certifier (Check only	1⊠ Certifying Ph 2□ Medicaf Exar	ystcian: To the	e best of my kn	owledge, de	eth occurred et	the tir	ne, dete en	d plece,	end due to the	ceuse(a) end m	anner as st	ated.	
	he H		ane)	E MOUICEI CAM	end mer	ner steted.	etion endou	iiivestigetion, iii	illy O	pinon, dec	MII OCCUII	ed et the time,	dete and place,	and due to	tile cedee(s)	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH			CERTIF	ICALE	OF	DEA	I I I	HI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		7	1 ما 1 ما				2. DATE OF O	DA	Y 1 0 0 4	YEAR	3. TIME OF OEATH		
	Walter	Norman			Roland				March		1996		11:30 а.м	
	4. SOCIAL SECURITY NUMBER 220-05-4097	5. SEX	8. AGE (In yrs	s. last birthday) YRS.	MONTHS D	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF B		916	Count	PLACE (State or Foreign ry) yland	
	9e. FACILITY NAME (If not institution, give st		9b. CITY, TOWN OR LOCATION				011 05 05	1			NTY OF D			
œ														
0	2 Woodland Circle		мес	nar	nicsv	/ille	-		51	. Ma	ary's			
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	Maryland S	t. Mary	S		Mechanicsville								LIMITS?	
	10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF WHA						
FUNERAL	2 Woodland Circle	,					20	659			100	U.S.		
<u>ة</u> ا	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13. WA	S OEC	ENDENT C	OF HISPAN	IC ORIGIN? (Sp	ecify Yee	or No-	14. RAC	E — American Indien,	
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE V	YES 2	NO NO	I1 y	/es, spi	ecify Cube	n, Mexicar Specify	n, Puerto Ricen	, etc.)		Blac Spec	k, White, etc.	
B√	3 Widowed 4 Divorced				1		2 45) 110	upoury				9,000	"Y" White	
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삨	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	sa retired.)	my mo	St UI WORK!	19						
린	8th grade			Carp	enter				M	unic	ipal	Gov	ernment	
Į į	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle	, Maiden	Surname)			
BE	George Nor	man	Rol	land			Lo	ola		Mae			lhorne	
10	19e. INFORMANT'S NAME (Type/Print)								loute Number, C					
F	Hope R. Roland			2 Wood	dland	Ci	rcle	, Med	chanics	svil	le, 1	Mary	land 20659	
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 Remo	oval from State	20b. PLA	CEANDDATE	OF DISPOSITI	ION (Na	me of		DATE				Town, State	
	4 Donation 5 Other (Specify)		Met	ropoli						A1e	xand	lria,	Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	2/1/	1.		22. NA M a t	ME AN	D ADDRE	SS OF FAC	diner	Fune	oro1	Home	e, P.A.	
	Michael	Han	dine	N									land 20650	
	23. PART I Enter the diseases, or o	omplications the	t csused the	e desth. Do									Approximata	
	shock, or heart failure.	List only one car	se on each	line.	1					12.5		101	interval Between Onset and Death	
	IMMEDIATE CAUSE (Finei disease or condition	Park	200		J	_	1.							
	resulting in deeth) a. 22 years Due to (OR AS A CONSEQUENCE OF):													
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CERTIFICATION	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYING CAUSE (Disease or Injury													
E	that initieted eventa	DUE TO	(DR AS A CO	NSEQUENCE O	F):									
E	resulting in deeth) LAST	1						-		_				
	PART II. Other algoliticent condition	a contributing to	ot resulting	Iting in the underlying ceuse given in				Part i. 24s. WAS AN AUT			248	. WERE AUTOPSY FINDINGS		
EDICAL				but not resulting in the underlying cause given						PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									_ '	YES 2	NO		OF DEATH?	
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AN		CIBUIE TO CA					1 DIAC	EKIAII	וטי					
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
PHYSICIAN:	t YES 2 X NO	1 Inpatient 2		28b. TIR		_	URY AT	esidence	6 Other (Spe 26d, DESCRIE		HINN OF	CHRED		
	1 Natural 5 Pending	(Month, E			JURY		RK?	NO	26G. DESCHIE	SE HOW II	NJUHY OC	COMED		
BY	2 Accident Investigation	28a PLACE C	E IN HIBY _ 4	At home, ferm,				_ NO	28f. LOCATIO	NI (Ct	and the safe	an Owent	Davida Marikan	
8	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	t nome, lenn,	street, sector	y, orne	•		City or To		ING NUMBE	N OF PRUMBI	noute number,	
	29e. CERTIFIER													
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Significant Section of the determined building, etc. (Specify) City or fown, State) City or fown, State) City or fown, State) City or fown, State) City or fown, State)									e) end menner ee steted.					
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	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH					411				7	/	
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DHMH-16 Rev 1/89

Pages 1, 2, 3 should

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page 5 should be detached for use as the burial-transit

funeral director,

completely filled in by the

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cremation.

this certificate has been signed by the attending physician and con with the State Dept. of Health and Mental Hygiene prior to burial,

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DIVISION	ATTENDING
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7	HOSPITAL

1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARCH YEAR William 1416 DALLAS HODES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 577-09-4810 76 1 X M 2 - F DAYS Sept. 22,1919 Washington DC 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Silver Spring 12113 Renick Lane Montgomery DIRECTOR RESIDENCE OF DECEDENT 10d, INSIDE CITY
XX LIMITS?
Y YES 2 NO 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring 10a. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 20904 United States 12113 Renick Lane ti, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Geben, Mexican, Puerto Rican, etc.)
t YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12-4-YES 2 NO RACE — American Indian, Black, White, atc. t Never Married 2 Married IF YES, OIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced Army 1941 - 1945 White 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Photo Engraver Washington Post notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Thomas Hillard Rhodes Rose Harley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12113 Renick Lane, Silver Spring, MD 20904 Dorothy Marie Rhodes Wife pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 3/6/96 Silver Spring, MD Gate of Heaven examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSES Hines-Kinaldi Funeral Home, Inc. 20904 11800 New Hampshire Ave., Silver Spring, MD regor medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final the ctromechanica 1 disease or condition 30 MIN. or other traumatic event, reaulting in death) CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Obstructive resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO RCINOW A 23 shows any COMPLETION OF CAUSE t TYES 2 THO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) Itlant 2 ER/Outpatient 3 DOA 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation TO THE HOSPITAL DR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke м 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 Homicide 29e. CERTIFIER

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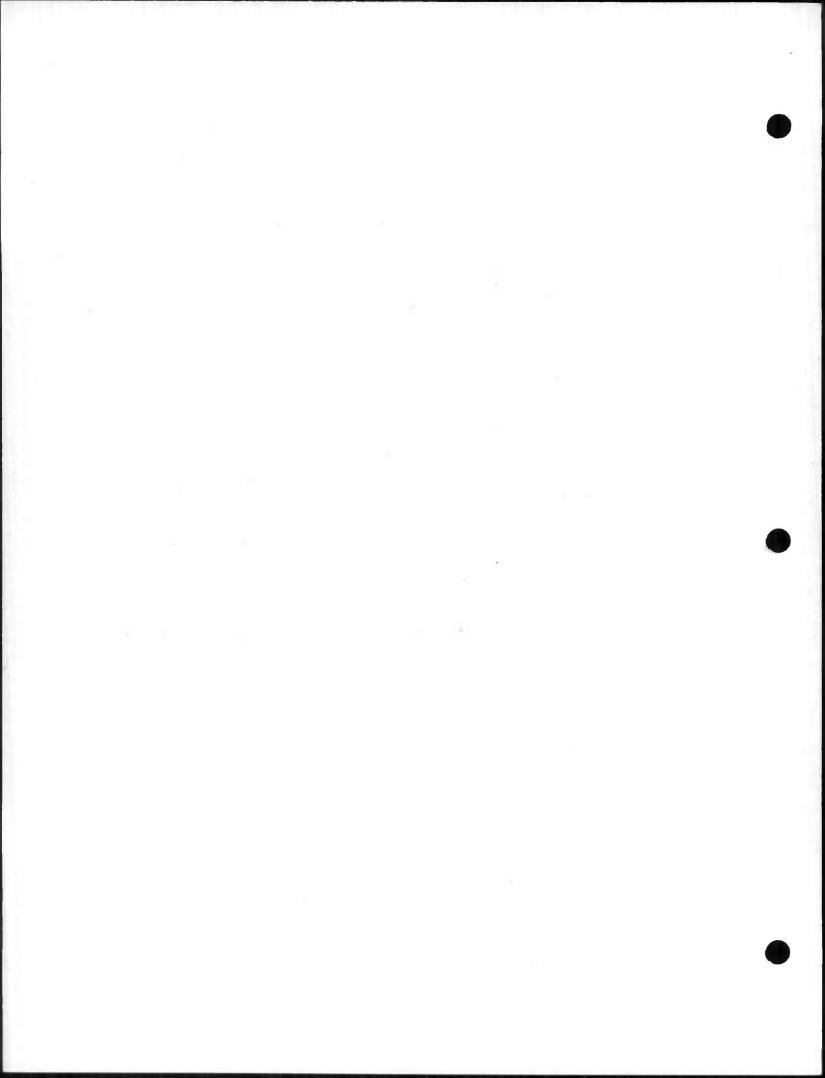
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(Chack and) 2 MEDICAL EXAMINED On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER BE 20 5 6 2 30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FERNWOOD 31. DATE FILED (Month, DBy, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

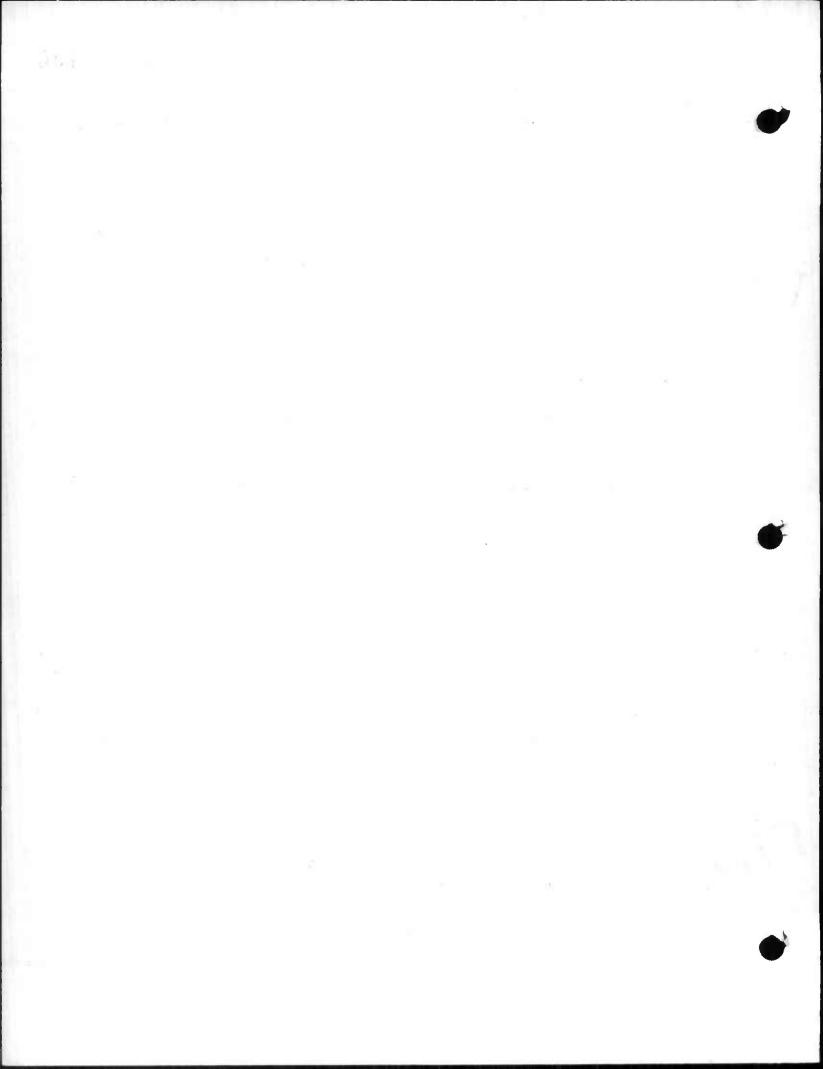


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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		* REGISTRAR				CERTIF	ICATE C	OF DEATH	REG. N	0.		
<u> </u>		1. DECEDENT'S NAME (First	Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH	
	Ιİ		CWE	UDOLVN M	DECK				MONTH	DAY	YEAR	
		4. SOCIAL SECURITY NUMBER		JOOLYN M.					MARCH		996 12:56 Pm	
	li					s. lest birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
10		579-44-389		1 🗌 M 2 🔯 F	C	4 YRS.	- DATE	noons min.	July 18,1931 Washington,			
should		90. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY, TOV	WN OR LOCATION OF I			TY OF DEATH	
135 CD	Œ	Prince Geor	nes Ho	enital			Chev	orly			e Georges	
2,	стов	RESIDENCE OF DEC		SPILAI			Cirev	elly		LIIIC	e Georges	
85 ~ ,	<u>입</u>	10e. STATE	10b. COUNT	Y		10c CIT	V TOWN OR LO	CATION			test mains aim	
Ď.	DIRE	M=1	D-+4				10c. CITY, TOWN OR LOCATION 10d, INSID					
permit. Pages		Maryland	Prin	ce George	25	ну	attsvi	TIE			1 K YES 2 NO	
Lied .	₹	10e. STREET AND NUMBER						101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
S.	FUNERAL	5840 33rd P	lace				1	20782		USA		
215-0020 attending physician. se as the burial-transit	Z	11. MARITAL STATUS	Lace	12. WAS DECEDENT	EVER IN U.S.	ARMED	12 446		ANIC ORIGIN? (Specify	40 00 No		
20 hysi		1 Never Merried 2 🔀	Merried	FORCES? 1	YES 2	⊠ NO	If yes	, specify Cuben, Mexic	an, Puerto Rican, etc.)	ee or No-	14. RACE — American Indian, Black, White, etc.	
00 00	BY	3 Widowed 4 Divo		IF YES, GIVE W	AR OR OATES		10	YES 2 NO Spec	tty:		Specify: White	
as th											WILLE	
atte use	画		EDENT'S EDU highest grade				USUAL OCCUP	ATION most of working	16b. KIND OF E	USINESS/INOL	JSTRY	
21 0 u	ᇤ	Elementary/Secondary (0	T	College (1-4 or 5+)		Illa. Do NOT us	se retired.)	, moot or trottering				
D spitta	집	12				Housew	ife		Own Ho	me		
AN he hos detach	COMPLETED	17. FATHER'S NAME (First, M	iddle Last)					16 MOTHER'S M	AME (First, Middle, Maid			
YLAND 2. by the hospital of the detached for at once.												
A De de de de de de de de de de de de de de	B	James Ashcraft Mostyn							beth Leono			
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	0	19e. INFORMANT'S NAME (Type/Print)				19b. MAILING	ADORESS (Stre	eet end Number or Rura	Route Number, City or To	own, State, Zip i	Code)	
Z 5.5	F	Walter J. R	r.	5840 :	33rd P3	lace, Hyat	tsville.	Marvla	nd 20782			
Page Page		20s. METHOD OF DISPOSITION 20s. BLACE AND DATE OF DISPOSITION (U.S.)										
BALTIMORE, is after death. Page 6 may be not the funeral director, page removal.	1	1 Burlet 2 CX Cremetton 3 Removal from State										
M Girec	- 1				Metr	opolit				Lexandi	ria, Virginia	
TT Pa		21. SIGNATURE OF FUNERA	L SERVICE LI	PENSEE			22. NAM	E AND ADDRESS OF F	ACILITY	7 **	- 20001	
BALT after death. by the funeral moval.		> X Tale		Ha (/							ome, Inc. 20901	
By the wal.) Ceve	WY C	Mua							r Spring, MD	
BALTIN hours after death, Page and in by the funeral dir or removal.		23. PART i. Enter the di	seeses, or	complications that	ceused the	death. Do r	not enter the	mode of dying, su	ch as cardiac or rec	piratory arre	st, Approximata	
a or ii				List only one caud	se on each	line.					Interval Between Onset and Death	
2 = 2		IMMEDIATE CAUSE (Fir disease or condition		. / .	1	0 /		, 1			Oliset and Death	
ted within 24 completely fille ial, cremation, event, the	ļ	resulting in death)	→	a. ARTERIOS	CEFRAC	CARL	OUASCU	LAR DISEA	SE		CLEARS	
BOX 68760 cate be executed with hysician and complet by prior to burial, cren or traumatic event				DUE TO (OR AS A COR	NSEQUENCE OF	F):				0	
687 xecuted and com burial, sattle ev	Z			b.								
OX 68: e be execute sician and c nrior to buria traumatic	은	Sequentially list conditi if any, leading to imme-		DUE TO (OR AS A COR	NSEQUENCE OF	F):					
tra prior be	Į.	cause. Enter UNDERLY	NG									
.O. BC certificate ding physic tygiene pri	E	CAUSE (Disease or inju that initiated events	ry	DUE TO (OR AS A CON	SEQUENCE OF	FI:					
P.O. ath certific tending plant Hygiene, or other	E	resulting in death) LAS	т 🖁				,				i	
다 들들 등	CERTIFICATION			d								
		PART II. Other aignifica	nt condition	e contribution to	dooth but a	-4	- Ab		1			
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COR lires that signed by tealth and	8	Muchandial infanction Congestive Heart Pailine								COMPLETION OF CAUSE		
C S S S S		Deriver the Description of the second									OF DEATH?	
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	PHYSICIAN:			KIBUIE IO CAL			S XI NO		ИШ			
	5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. P	LACE OF OEAT	(Check only o	one)				
F VIT.	S	I YES 2 NO		1 Vinpatient 2	ER/Outpatien	n 3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)			
VISION OF VITALISM ATTENDING PHYSICIAN: ECTOR: After this certifical state death with the St. 128 Is marked, or It	≟	27. MANNER OF DEATH		26e. DATE OF	NJURY	26b, TIM		INJURY AT	28d. DESCRIBE HOW	/ IN HIRV OCCI	IOED	
NG PHYSI fler this cleath with marked,		1 Natural 5	Pending	(Month, Da			URY	WORK?	and begoning nor	mooni occi	SHED	
DIVISION OR ATTENDING P DIRECTOR: After hours after death item 28 is mar	BY		Investigation					YES 2 NO				
DIVISION OR ATTENDING DIRECTOR: After hours after death teem 28 is ma			Could not be	26e. PLACE OF	INJURY - A	t home, ferm, s	street, factory, o	office	26f. LOCATION (Street City or Town, State	t and Number o	or Rural Route Number,	
TISI CTOR: after	2	4 Homicide	determined		(0,000))				City or lown, Sta	(0)		
DIV OR A DIREC Hours	Ē	29a. CERTIFIER	S 12 A									
E SP A	르	(Check only							e to the cause(e) and m			
HOSPITAL FUNERAL Within 72 TANT: If	COMPL	2 MEDI	CAL EXAMINE	R: On the besie of ex	emination and	l/or investigatio	n, in my opinio	n, death occured at th	e time, data end place,	and due to the	couse(s) end manner se stated.	
S E F		29b. SIGNATURE AND TITLE										
Por HE	H	Mh.	2 1	n. 1	111	$\overline{}$		29c. LICENSE NU	MOEH	29d. DATE	SIGNED (Month, Day, Year)	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h	0	- Mul	an	Min	- Gal			D0185	2	Mac	ch 3, 1996	
/	-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE	E OF DEATH ((FTEM 27) (Type,	Print)					
/		Bull	CUORE	E. MD	4712	A		7/ 11	// //_		0.40/	
_	!	31. DATE FILED (Month, Day,			TAOS	WUG	ENSPURY	Krt Hry	AHSUILLE	mu	20781	
1	1	MAR (32. REGISTRAF	S SIGNATUR	0	/		,			
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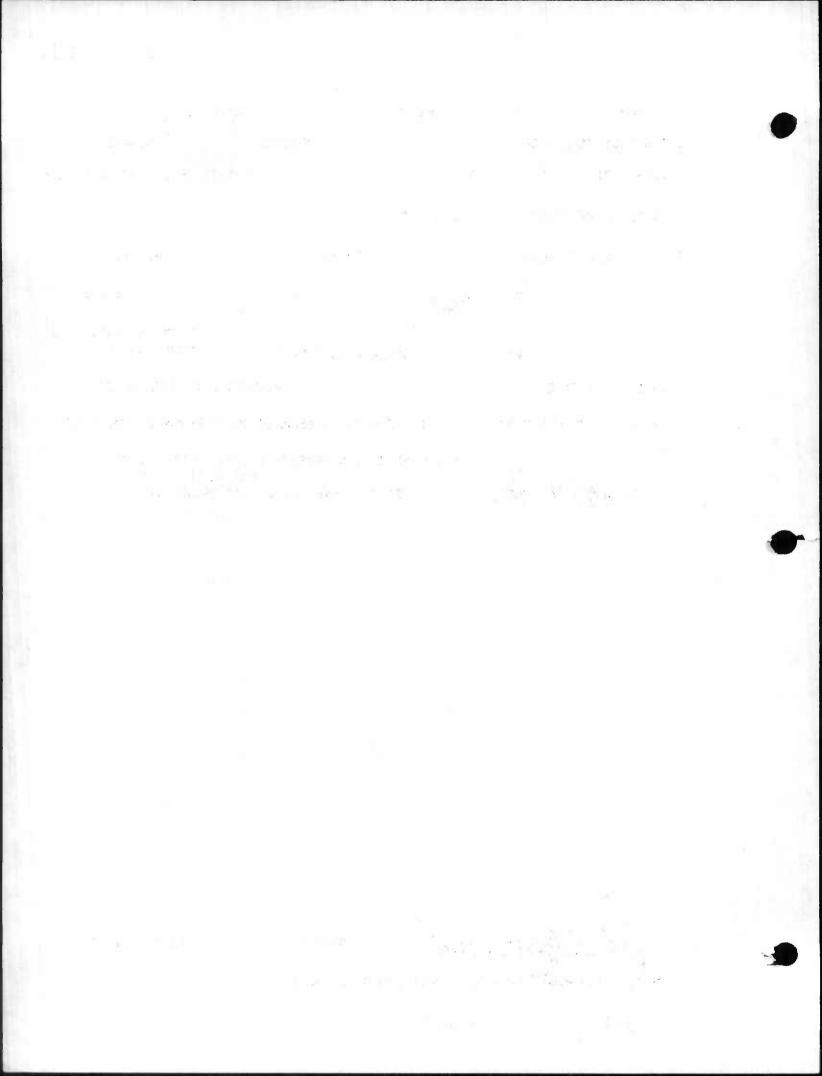
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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day **Physician** 9:30 a.m. Riley March 5, Н. 1996 Joseph /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 10116 IRON GATE ROAD POTOMAC MONTGOMERY If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 9. Birthplace (State or Foreign **Funeral** Months Deys 1 X M 2 □ F PENNSYLVANIA Yrs. Director 181.16.9521 73 MAY 13,1922 Usual Residence of Decedent Peges 1 and 2 should be filled within 72 hours after death with the Maryland nent of Health and Mentel Hygiene.

Int: If Itam 27 is marked other than "natural", or itams 23s or 28s-f ahow ury or other traumstic event, the IK killed Examiner must be notified at 10a. Stete 10c. City, Town or Location Hygiene. Hydiene than "natural", or fisme 23a or 28a-f ahow ent, the Kidical Examiner must be notified at 10b. County 10d. Inside City Limits MARYLAND MONTGOMERY POTOMAC 1 X Yas 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10116 IRON GATE ROAD 20854 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yas, specify Cuban, Maxican, Puerto Rican, etc.) 1 X) Yes 2 □ No If Yes, Giva WWII & Yaer or Detes: KOREAN 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: WHITE à Specify: 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry NATIONAL SAVINGS & Elementery/Secondery (0-12) College (1-4or 5+) TRUST COMPANY CHAIRMAN/ PRESIDENT +4 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be JOSEPH JOHN RILEY FRANCES PHILOMENA WHECKER 2 19e. Informant's Neme/Raiationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 15807 CHAGALL TERRACE NORTH POTOMAC, MD. 20878 MICHELLE RILEY LEVENSON 20b. Plece of Disposition (Nema of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Department of important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) GABRIEL'S CEMETERY 3/8/96 POTOMAC, MD. 21. Signeture of Funarel Sarvice Licensee 22. Nama and Address of Facility OSEPH GAWLER'S SONS 5130 WT AVE, N.W. WASHINGTON D.C. 20016 etex 23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximete Intervai Between Onset and Deeth **Physician** /Medicai Immediete Cause (Finel diseese or condition resulting in deeth) e IDIOPATHIC PULMONARY FIBROSIS 1 YEAR Examiner Due to (or es e consequance of): Examiner or Attending Physician: The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, laeding to immadiete causa. Enter Underlying Ceuse (Disaese or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of): Box 68760. physiclan Physician/Medical the. Dua to (or es e consequance of): 89 for use Part II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Pert I. Division of Vital Records. P.O. been signed by the s 23b. Did tobacco use contributa to the cause of death? t ☐ Yes 2/ No 3 ☐ Probably 4 ☐ Unknown Completed by 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? hes funeral director, page 2 2 No certificate 1 🗆 Yes 1 ☐ Yes 2 ☐ No Be 25. Was case reterred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA YN Yes 2□ No Other: 4 ☐ Nursing Homa 5 🖾 Rasidance 8 ☐ Othar (Specify) Certification: To After this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 1 XNeturei 2 ☐ Accident 5 Pending efter death. 1 Yes 2 No Investigation the 6 Could not be determined 3 Sulcide Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Spacify) filled in by 4 Homicide To the Hospital of within 24 hours e To the Funeral D 29e. Certifier 1 💆 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end dua to the ceuse(s) and manner as steted. Medical completely (Check only one) 2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, deta and pleca, and due to the cause(s) end menner stated. 29b. Signature and title of 29c. License number 29d. Dete signed (Month, Day, Year) MARCH 5, 1996 D33554 ne and eddress ot person who completed cause of deeth (item 23e) (Type, Print) 5401 WESTERN AVENUE N.W. WASHINGTON D.C. 20015 31. Date filed (Month, Day, Year) 32. Registrar's Signature State MAR 08 1996 John Studen Roulett Registrar

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THE LICENSE OF ATTENDED BLOCKING The In- commission that they down and down a manufact with form of the form the second of the first of	TO THE HUSH TALL WAS TENDING PRESIDENCY: THE LAW REQUIRES that the death certificate by the completely filled in by the funeral director, page 5 should be detached for use as the burdatral	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to build, cremation, or remonal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE MODELLAND	TO THE FUNERAL (be filed within 72 h	IMPORTANT: If I

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				GIENE G. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) CECILIA R	OTH				2. DATE OF OEA	ATH	YEAR	3. TIME OF GEATH 9:20 AMM				
	4. SOCIAL SECURITY NUMBER 105–42–0883	1 □ M 2 💢 F 7		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUNE 2,	TH		8. BIRTHPLACE (State or Foreign Country) ROUMANIA				
IOR	HEBREW HOME OF	90. FACILITY NAME (If not institution, give street end number) HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMER RESIDENCE OF DECEMENT											
DIRECTOR	100. STATE 100b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY ROCKVILLE								10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 6105 MONTROS	E ROAD			ZIP CODE 0852				WHAT COUNTRY? STATES				
B	11. MARITAL STATUS t Never Merried 2 Merried 3 Widowed 4 Divorced	t2. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO ATES	If yes, sp	ENDENT OF HISPAI city Cuben, Mexice 2 NO Specif	n, Puerto Ricen, e	elfy Yee or No—	14, RACI Black Spec	E — American Indian, k, White, etc.				
COMPLETED	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMAK	rk done during mo retired.)	N at of working		OWN HON						
BE COM	17. FATHER'S NAME (First, Middle, Last) "UNKNOWN: NU	SSBECHER			SHOSHA	ME (First, Middle, A	own 11						
2	IGNACZ ROTH												
200. METHOD OF DISPOSITION DATE 200. PLACE AND DATE OF DISPOSITION (Name of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - City of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - CITY of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - CITY of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - CITY of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - CITY of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE 200. LOCATION - CITY of 1 X Burfel 2 Chemistry DANZANSKY-GOLDBERG DATE DATE 200. LOCATION - CITY of 1 X Burfel 2 Chemistry DATE 20													
_	23. PART LEnter the diseases/or	complications that coused	I the death. Do no	1170 R	OCKVILLE	PIKE -	ROCKVI	LLE,	MD. 20852				
	IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CN	DUE TO (OR AS A CONSEQUENCE OF): Myelo dysplastic 5 yn drome Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST c. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes mellitys type II Altrheimens dements a												
	25. WAS CASE REFERRED TO MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO											
HYSICIAN:	EXAMINER? t Yes 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inputient 2 ER/Outp 26e. DATE OF INJURY			5 Residence	6 Other (Special 28d. DESCRIBE		CLIBED					
107	1 Natural 5 Pending 2 Accident Investigation 3 Suicide	(Month, Day, Year) 28e. PLACE OF INJURY	— At home, ferm, str	M t 🗆 1	RK? ES 2 NO	28f. LOCATION (Doubs Number				
PLEIED	4 Homicide determined	building, atc. (Spec	ify)			City or Town	State)		note runner,				
E COM	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowl ER: On the beele of exemination							e) end manner ee stated.				
0 00	29b. SIGNATURE AND TITLE DF CERTIFII	9			29c. LICENSE NUMBER D 2-3 958				1. DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON W Bus I, Feldmen	n, 6/05 Mor	trose f	d, Rot	1e.vi/le	ms.	2085-	2					
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 06 1996 MAR 06 1996													



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State of Maryland / Department of Health and Mental Hygiene 96 08 187

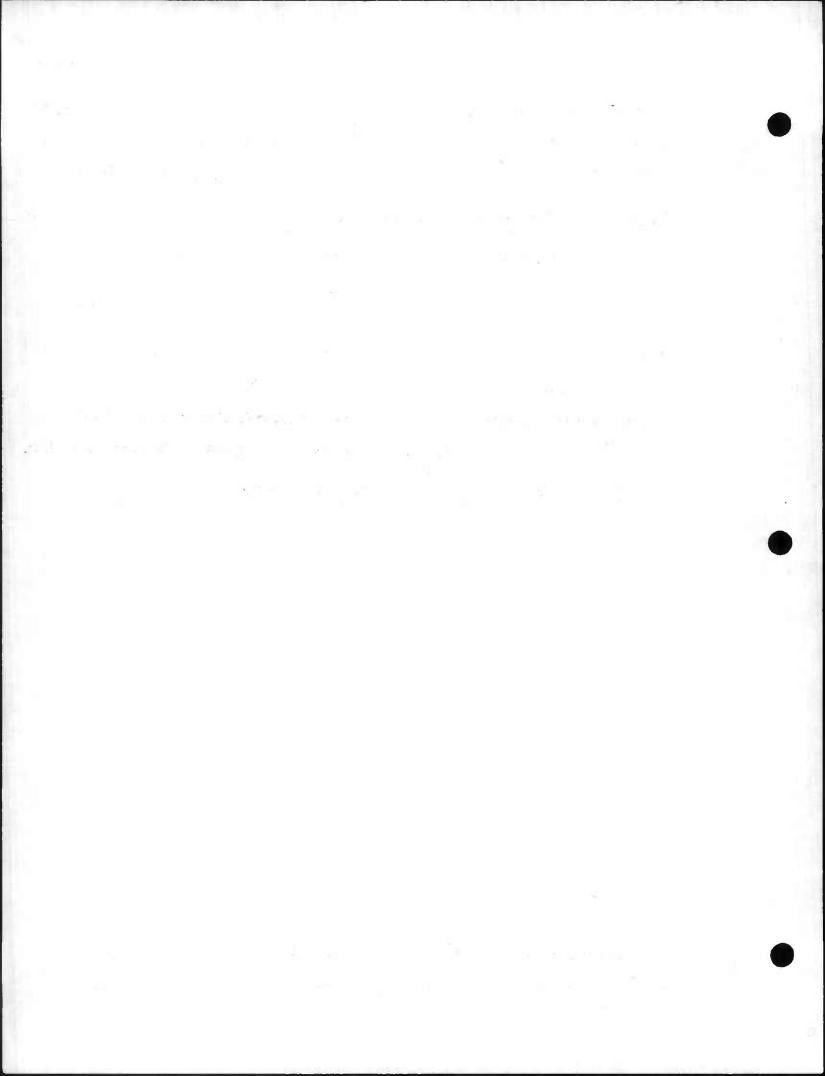
						Certific	ate of	Death		Reg. No.		0101	
	- I		1. Decedent's Neme (First, Middla, Las	t)					2. Dete of De Month	ath	Yaar	3. Tima of Death	
4.5	Physici /Medic		Lillian Beal	L1	Ross				March	3, 1996		11:32AM	
8	Examin		4a. Facility Nama (If not Institution, giva	street and number)				4b. City, Town, or	Location of Deeth	4c. County			
			Hebrew Home of Wa					Rockvill	e	Mont	gomery		
	Funeral		5. Social Security Number 6. Se	7. Age	(In yrs. last bi	Mon	ndar 1 Yaar	If Undar 24 Hrs	8. Data of Bir	th		ce (Stete or Foraign	
	Director		220-44-1920 Usuel Residence of Decedent		93	Yrs.			July 2	1902		yland	
	and w		10a. State 10b. County 10c. City, Town or Location										
	4 sho	0	Variation d. Wamboo				D.	ethesda				I. Inside City Limits 1 ☐ Yas 2 █ No	
	28e	Director	Maryland Montgo 10e. Street end Number	mery		10f.	Zip Code	ethesua		10g. Citizen of	Whet Country	0	
	A S O		5720 H	ntinatan '	Dawlerray			20814					
	me 2	Funeral	11. Meritei Stetus	ntington Parkway 12. Was Decedent Ever in U.S. 13. Was Decedent			ecedent of	cedent of Hispenic Origin? (Specify Yes or No- pecify Cuben, Maxican, Puarto Rican, etc.)			United States 14. Race - American India		
0	r Ren		1 ☐ Nevar Married 2 ☐ Married	Armed Forcas? 1 ☐ Yes 2 🖸 N	0				Puarto Rican, etc.) Bie		ck, Whita, atc.		
8	eli, o	þ	3 ☑ Widowed 4 □ Divorced	If Yes, Give Yeer or Detes:		1 □ Ye	s 2 X No	Specify:		Specif	y: Whi	ite	
2-0	s 1 and 2 should be filed within 72 hours after death with the Manyland if Health and Mental Aygiene. If Health and Mental Aygiene. Other traumatic svent, the Medical Examiner must be notified at	Completed	15. Decedent's Edu (Specify only highest gred	ucation	16a	Decedent's I	Jsuei Occu	petion during most of wo	ndeina	16b. Kind of B			
Maryland 21215-0020	ithin	nple	Elementary/Secondery (0-12)	Coilege (1-4or 5-	+)	life. DO NO	T use retire	d)	//////////////////////////////////////				
2	ygien ygien f, th	Co	12			Н	omema				Own Ho	1 Home	
E .	tai H d oth sven	Be	17. Fethar's Nama (First, Middle, Last)					18. Mother's Ne	me (First, Middle,	Meidan Suman	na)		
3	Men Men arke	2		Beall						a N. Mi			
a a	2 sh la m		19a. Informent's Neme/Reletionship (T	ype, Print)	191	b. Meiling Add	ress (Stree	t end Number or R	lural Route Numb	(ode)			
a)	lealth lealth m 27 her t		Robert Ross	/Son	57	20 Hun	tingt	on Parkw					
	Pages nent of h		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ 8	Removel from State	March	ry, crematory	or other ple	ice)	Dete	20c. Location	- City or Lowi	n, Stete	
Ë	t. Pa tmer tant:		4 □ Donetion 5 □ Other (Specify,		Park1	awn Me	moria	l Park				aryland	
Balti	permit. Pages 1 en Department of Heal Important: if item 2 any injury or other once.		21. Signeture of Funerel Service Licens	1		Rober	and Addr	Pumphrey hevy Char hesda, M	Funeral	Home/	d = = = = =	<i>4</i>	
_			Deage 9 5	eplort	M00335	Avenu	e Bet	hesda, M	aryland	20814-3	iscons 501	111	
			23a. Pert1. Enter the disease or comp shock, or heart feilure.	he cause on each iln	the deeth. Do e.	not enter the	mode of dy	ng, auch es cardia	ic or respiratory a	rrest,	- Ir	opproximate Intervei Between Onset end Deeth	
	Physician /Medical		Immediate Cause (Final									Allow ond Door!!	
	Examiner		diseesa or condition resulting In deeth)	e. Pneumor							3	Days	
M.		ē			Due to (or es a	consequence	of):				i	_	
	d ansit	edical Examiner	Occupants the transport to the control of the contr	b. <u>Cachex</u> :	La Due to (or as a	000000000000000000000000000000000000000	of):				12	Months	
o	exec in an		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury								i		
68760,	ysicia e bu		Ceuse (Disease or Injury thet Initiated events resulting In death) Last	c Adenoca	arcinom Due to (or as a						4	Years	
89	deeth cartificate be executed e ettending physician and ed for use as the burial-transit	Med	resuming in death) Last				,				i		
Вох		an	d										
0.	a dee	Physician/I	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of death?			
o.	law requires that the deeth ca as been signed by the ettendi s 2 should be detached for use		Diabetes Mellit	1 🗆	Yes 2 No	3 Proba	bly 4□Unknown						
Ś	signe d be d	l by	5140000 11031210								T 045 W	and a second second	
0	v require been sig should t	etec	Hypertension							en autopsy rmed?	avalle	e sutopsy findings eble prior to pletion of cause	
9	a law has t	Completed									of de		
8	Physician: The lav this certificate has al director, page 2								10'	Yes 2∭No	101	Yas 2□ No	
=	Physician: rthis certific rai director,	Be	25. Was case referred to medical examinar?	Hospitei:			Ot	has	eth (Check only o				
5	this rai di	. To	1 ☐ Yes 2 No 27. Manner of Deeth	1 L Inpatier		utpatient 3□ Tima of	DOA	4 AD INUISING	Home 5 Resid	dence 6 Oth			
Division of Vital Records,	Affe Ing	tlon	1 Neturei 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year)	Injury	28c. Inju Wo	rk?]Yes 2□No	EUG. DOSCINO	now anjury occor	100		
13	Attending er death. rector: After by the fune	flca	3 Suicide 6 Could not be	28e. Place of Inju	ry - At home, fe				28f. Location (Street and Numl	ber or Rural F	Route Number,	
á	Direct din by	Certification:	4 Homicide	building, etc.	(Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tox	vn, Stete)			
-	sepita hours ineral y fille		29e. Certifier 1 Certifying Phy	sicien: To the best of	my knowledge	e, death occur	red et the ti	me, dete end plec	e, end due to the	cause(a) and m	anner as stat	ed.	
	To the Hospital or within 24 hours efter To the Funeral Director Completely filled In the Funeral C	edical	(Check only 2 Medical Exam	ner: On the basis of a	exeminetion er ed.	nd/or investiga	tion, in my	opinion, deeth occ	urred et the time,	dete end plece,	and due to th	ne cause(s)	
	Vith To t	Σ	29b. Signature and title of gertifier	/.	m		29c. Licen	se number		29d. Deta signe	d (Month, Da	ly, Year)	
1			greph-	my	11	/	1	-02047		Marc	h 4,	1996	
			30. Nelwe and edufess of person who co	ompleted cause of de	eth (item 23a)	(Type, Print)							
			Joseph D. Conner				wn Ro	ad Bethes	sda, Mar	yland 20	0814-3	612	
	Sta	te	31. Dete filed (Month, Day, Year) MAR 5 1996	32. Registra	r's Signature	rf.							

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State of Maryland / Department of Health and Mental Hygiene 96 08 18

				————		Certifica				Reg. No.) ((100		
	Physic	an	Decedent's Nema (First, Middle, Last	1					2. Deta of Da Month	ath Dey	Year	3. Time of Deeth		
	/Medi			ndamy					3	1	96	1932		
Ŋ.	Exami	ner	4e. Fecility Neme (If not institution, give		1	, 22		0	Location of Deet	b ()				
										note Baltimore				
	Funeral Director		5. Social Sacurity Number 6. Se 578 90 444 11	X 7. Aga (In	yrs. last birth	Months	Days	If Under 24 Hr Hours Mir	. (Month, De	th ny, Year) UO	9. Birthplac	e (State or Foreign a		
	yland		10a. Stata 10b. County	1	c. City, Town		4				10d	Inside City Limits		
	ith the Meryler or 28a-f show	Director	111/2011	ntgomen	Ro	ckvil						1□Yas 2□No		
	th with t	al Dire	331 Lincoln Au	enue			ip Code 208	50		10g. Citizen of What Country? USA				
020	2 should be filed within 72 hours after deeth with the Meryland lend Mentel Hygiene. Is marked other than "natural", or liems 23a or 28a-f show raumatic event, the Medical Evantiest must be nouted at	by Funeral	11. Merital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forcas? 1 Yas Y No If Yes, Give Yaar or Detes:	In U,S.	.S. 13. Wes Decedant of Hispanic Origin? If Yas, specify Cuban, Mexican, Pt 1 □ Yes 2 □ No Specify:			n? (Specify Yas or No- Puerto Rican, etc.) 14. Rac Bla Specify		e - American Indian, ck, Whita, etc. ^{V:} Indian			
Maryland 21215-0020	d 2 should be filed within 72 hours th end Mentel Hygiene. 7 is marked other than "natural", traumatic event, the Medical Exa	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)	cation le completed) College (1-4or 5+)	(Give kind of work dona during most of working life DO NOT use retired)						usiness/Indus	itry		
121	hygien her thu		Elementry		(Child (Care			Publi				
lanc	2 should be filed within end Mentel Hygiene. Is marked other than surratic event, the Mentel than the Mentel t	To Be	17. Father's Nama (First, Middle, Last) Monoram Singh Da:	vali				18. Mother's Na Daya	ama <i>(First, Middi</i> a 1i	, Meiden Suman	10)			
ary	shou man uman	-	19a. Informant's Neme/Reletionship (T)		19b. N	Aeiilng Addres	s (Street	end Number or F	Rural Route Numb	er, City or Town,	Stete, Zip Co	ode)		
	Heelth e		Shashi Ramudamu/Daughter 331 Lincoln Ave., Rock							kville, Maryland 20850				
Baltimore,	Peges nent of int: If It		20e. Method of Dispassition 1 Burial 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Ramoval from Stete	Ob. Pleca of Disposition (Name of Northern Virginia 3/3/96 Arlington, Vi						, Stete Virginia			
Balt	permit. Peges Department of Important: If it any injury or o		Signeture of Funeral Service Licensae 22. Neme and Address of Facility Arlington Funeral Home 3901.N. Fairfax Dr. Arlington, Virginia 22203 3901.N. Fairfax Dr. Arlington or compilications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Consett and Deeth Consett and Deeth Consett and Deeth Consett and Deeth											
	- C R		23a. Pert1. Enter the distance, or compl	ocations that caused the	deeth. Do no	3901 t enter the mo	N.Fa	g, such es cardie	r, Arlin	gton, Vil	rginia	22203		
ı	Physician /Medical Examiner		fmmedieta Ceuse (Finel disease or condition	ne ceuse on eech line.	A 0> =	- 5e					0.00	terval Between nset and Death		
	Examine	-e	resulting In deeth)	Due (nsequence of	12	/ 11				- 3 mus		
	outed nd ransit	Examiner	Sequentially list conditions	Due t	Mctar to (or es e co	nsequence of		laddes (la			31105		
50,	ificate be executed g physician end es the bunal-transit	Ex	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury)		(-,,									
68760,	physic physic the b	edical	Cause (Disease or Injury that initiated events resulting in death) Lest	Due to	o (or es e cor	sequence of)								
	E 0 0		L ,	1										
Box	atten for u	ciar									1			
P.O.	y the oched	Physician/N	Pert II. Other eignificant conditions con	ontributing to death but not resulting in the underlying cause given in Part I.								e cause of death?		
S, D	s that gned b	by Pl							. 1	Yea 2□ No	3 Probat	ly 4.2 Unknown		
Division of Vital Records,	lew requires that the death cer les been signed by the attendin s 2 should be deteched for use	Completed by							24a. Wes	en autopsy rmed?	availa	autopsy findings ble prior to letion of cause oth?		
E B	The ate h	Com							10	res 2 No	1 🗆 Y	es 2ENo		
Vita	Physician: The rthis certificate ral director, pag	Be	25. Was case referred to medical examiner?	la anitali			101		eth (Check only o	one)				
of	G to 2	2	1 ☐ Yes 2 ☐ No 27. Menner of Deeth		2 ER/Outp			4 □ Nursing	Homa 5 Rasi					
ion	Attending F r death. octor: After by the funer	atlon	1. Neturei 5 Pending 2 Accident Invastigation	28e. Dete of Injury (Month, Dey Year	r) 28b. Tim Inju	ne of Iry M	28c. Injun Worl 1 ☐ 1	ret ⟨? Yes 2⊠No	28d. Describe	how Injury occur	red			
Divis	i or Atter after des Director d in by th	Certification:	3 Sulcide 6 Could not be determined	28e. Pieca of Injury - A building, etc. (Sp.	At home, ferm	, straat, facto	ry, office			28f. Location (Street and Number or Rural Roufe Number, City or Town, Stete)				
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29e. Certifier (Check only one) 1 Certifying Phys	er: On the best of my and mennar stated.	knowledge, d ninetlon end/o	leeth occurred or Invastigation	l et the tim	e, dete end plec pinion, deeth occ	e, and due to the urred at the time,	cause(s) end ma dete end placa,	nner as atate	ed. e causa(s)		
	To th Within	×	29b. Signature end title of cartifier			29	c. License	number	T	29d. Dete signe	d (Month, Da)	v, Year)		
	1		\$ Doubour) M.	D.		nle	or'dent		3-	1-96			
	4		30. Neme end eddress of person who co			. 0	1:/	1	. A Med	, , ,	- 1-			
	Sta	0	31. Date filed (Month, Dey, Year)		ionature?		M	aylam	a Med	ical C	enter	,		
	Sta Renistr		MAR 05 199	32 Registrar's Si	har har	Call								



BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

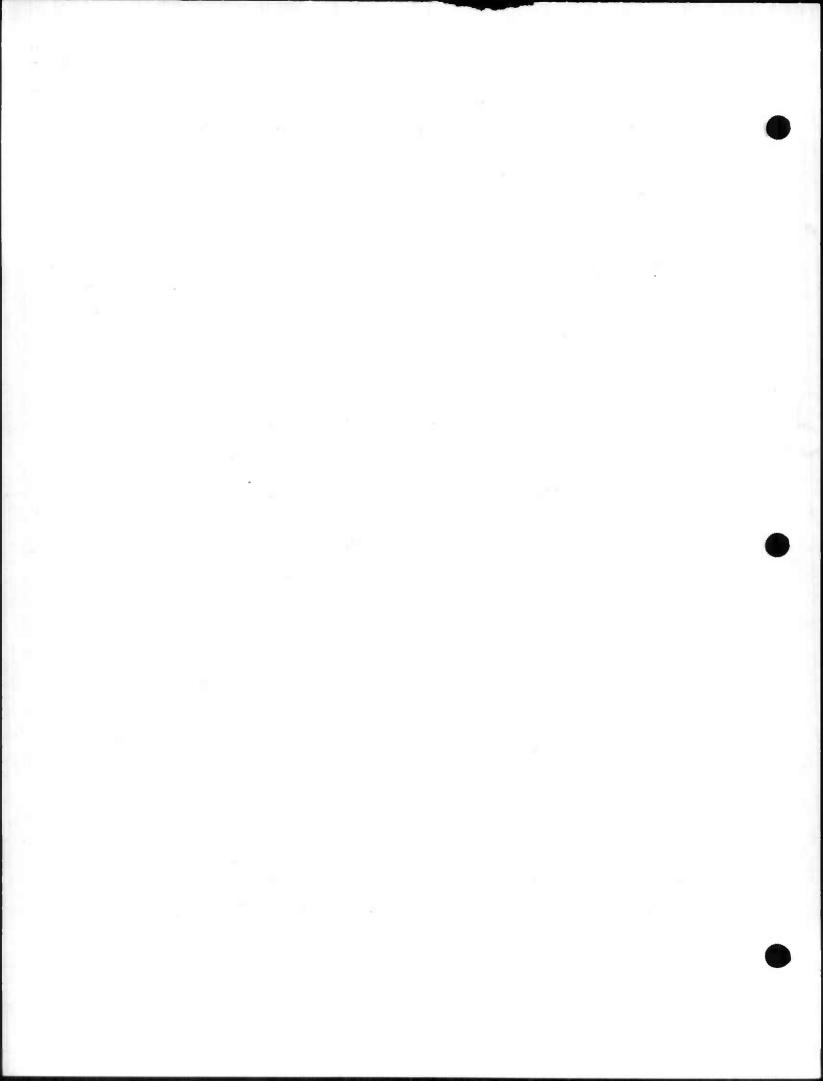
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OR FATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF M	ARYLAND / DEPAR CERTIF	RTMENT OF H	IEALTH AND	MENTAL HYGIENI REG. NO.	E				
	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Kimberley Michelle	Robinson			February 2	9, 199				
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	NRTNPLACE (State or Foreign			
	212~31~8065 1 □ M 2 ⋈ F	19 YRS.	MONTHS DAYS	HOURS MIN.	May 3, 197		maica			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATN	9c. COUNTY OF DEATN				
DIRECTOR	Holy Cross Hospital		Silve	Spring		Mont	gomery			
EC	10e. STATE 10b. COUNTY	10c, CIT	TY, TOWN OR LOCA	rion			10d. INSIDE CITY			
ᡖ	Maryland Montgomery		Silver S	oring			t YES 2 NO			
AL	10e. STREET AND NUMBER		10	. ZIP CODE		OF WHAT COUNTRY?				
FUNERAL	12719 Two Farm Drive			20904		U.S.A.				
5		EVER IN U.S. ARMED YES 2 NO			NDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American I Black, White, stc.)					
BY	3 Widowed 4 Divorced			2 NO Specif			Specify.			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATE	ON	16b. KIND OF BUS		ack/Asian			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	(Give kind of	work done during me	ost of working						
PL	1		ıdent		Educat	tion				
Š	17. FATNER'S NAME (First, Middle, Last)			16. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)				
BE	Miquel F. Robinson			Valerie	T. Chin					
5	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town					
-	Miquel F. Robinson						yland 20904			
	20s. METNOD OF DISPOSITION 1 1	cometery, cremetory or c	OF DISPOSITION (Nother place)	ame of		CATION — City				
	4 Donation 5 Other (Specify)	Gate of H				ver Spi	ring,Maryland			
	Francis J. Collins Funeral Home, Inc.									
	(Well stord						r.,MD 20901			
	23. PART I. Enter the diseases, or complications that shock, or heart fallure. List pnly one cau	caused the death. Do	not antar the me	oda of dying, suc	h as cardisc or respi	ratory arrest,	Approximats Interval Between			
	IMMEDIATE CAUSE (Final		- 0				Onset and Death			
	disesse or condition s. BRAIN TUMOR DUE TO (OR AS A CONSEQUENCE OF): Pumonary Edema									
	DUE TO	OR AS A CONSEQUENCE O)F):	10.00						
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence or):									
X	If any, leading to immediate cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury c. that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
F	resulting in death) LAST	resulting in death) LAST								
	PART II. Other significant conditions contributing to	death but not resulting	In the underlyin	a cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL				9	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
					1 □ ÆS 2	□ NO	OF DEATH?			
Σ	DID TOBACCO USE CONTRIBUTE TO CA	ISE OF DEATH Y	FS D NO Æ	UNCERTAI	\Box	ĺ	1 YES 2 □ NO			
A	25. WAS CASE REFERRED TO MEDICAL		ATH (Check only one)	- OTTOBION						
Sic	EXAMINER? 1 X YES 2 NO HOSPITAL: 1 X Inpetient 2	ER/Outpatiant 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)					
PHYSICIAN: MEDIC	27. MANNER OF DEATN 26s. DATE OF (Month, D.		WE OF 28c. IN	JURY AT	26d. DESCRIBE HOW II	NJURY OCCURE	ED			
ВУ	1 Netural 5 Pending 2 Accident Investigation	17, 1607)		YES 2 NO						
ED B	3 Suicide 6 Could not be 26a. PLACE O	INJURY — At home, farm, etc. (Specify)	street, fectory, offic	:a	26t. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,			
	4 Nomicide detarmined									
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, death occur	red at the time, date	and place, and due	to the cause(a) and man	iner as stated.				
COMPLET	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
TO B	ceral Bromm			D436		▶ 3-	-1-96			
-	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type	e, Print)	DI	e Silve	Co	M 2000			
	MOHAMMAD A KHALID		Dexton	DUIN	e >ixre	8/18/	1) 2070			
		R'S SIGNATURE								
	1330 HESS WA	ourser narrally								





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State of Maryland /	Department	of Health and I	mentai Hydiene 🗇		101	7
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							$C\epsilon$	ertifica	te oi	Death	1		Reg. No.				
			1. Dacedent's Nam	na (First, Middle, La	ist)							2. Data of De	eath	- 2		3. Time of Death	
	Physic		Fred	М	Rosenbe	roor						Month	Day			11.20 PM	
	/Medi		4e. Fecility Nama (4h. City. To	own, or Lo	cation of Deal				11:30 PM	_
	Exami	ier											10.				
<u> </u>			5. Social Security N	randview		7. Aga (In yrs	to and the last banks at	If Unde		Silve	r Spr 24 Hrs.		-46		lace - American Indian, lieck, White, atc. cify: White Businass/Industry Fransit sma) In - City or Town, State Lle, Maryland Inc. Or., MD 20901 Approximate Interval Between Onset and Death 4 Months Contribute to the cause of death? 3 Probably 4 Unknown 24b. Wars autopsy findings available prior to completion of causa of death? 1 Yes 2 No		
т	Funeral				oax 1⊠M 2□F	. ,	Vre	Months			Min.	8. Dete of Bi (Month, Di	ay, Year)		Country)	17
	Director		577-05-7 Usuai Residence o			83	113.	J	L			April	13,19	12 Vi	rgir	nia	
	Pue *		10a. Stata	10b. County		10c. C	ity, Town or L	ocation							104	Incide City Limite	
	show	5													100		
	a F	Director	Maryland	Montgom	ery	Sil	ver Sp									21	
	₩ P W	ā	10e. Street and Nu	mber				10f. Zi	o Coda				10g. Citiz	an of Whet	Country	n	
	23.	100	12101 Gr	andview	Avenue					902				S.A.			
	e La	Funeral	11. Meritel Stetus		12. Was Dece Armed Fo	dant Evar in Urcas?	J,S. 13.	Was Dece	dant of	Hispanic Or ban, Maxice	igin? (Spe	ecify Yas or No Rican, atc.)	0- 1				
0	ours after death with the Maryle reft, or Items 23e or 28e-f shor Examinet must be nothed at			ied 2 Married	1 ☐ Yas If Yas, Giv			1 ☐ Yas				,	1	Specify:	ima, arc		
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or ferme 23s or 28s-f show ont, the Medical Examinat must be notified at	1 by	3 🖾 Widowed	4 Divorced	Year or Da					, open,	•				nite		
5-(be filed within 72 ho ttal Hygiene. d other than "natur event, tre Med cal	Completed	/Spe/	15. Decedent's Edify only highest gra	ducetion		16a. Dece	edant's Usu	al Occu	pation	et of work	ha	16b. Kin	nd of Businas	ss/Indus	stry	
21	the e	ğ	Eiamentary/Seco		Collega (1	-4or 5+)	lifa.	DO NOT	sa ratir	a during mos ed)	or works	'ig					
21	d wight	0.0	12				Manag	er					D.C.	Tran	sit		
p	調子者	Be	17. Fathar's Name	(First, Middla, Last,)					18. Moth	er's Neme	ne (First, Middle, Meiden Surnama)					
a	should be filed within and Mental Hygiene. marked other than matic event, the Mental Control of the Mental Con	ToE	Rufus	Rosenber	raar					E	dna	Sto	ner				
Maryland	12 should be filed within h and Mental Hygiene. The marked other than 't raumatic event, tre Ma	1-		ame/Ralationship (19b. Mail	ing Addres	s (Stree					Town State	Zio C	ode)	-
Σ	s 1 and 2 should f Raath and Mer tem 27 is marke other traumatic		Datwicia	Cummaa													
a)	ts 1 and 2 Health Item 27 i		Patricia 20a. Mathod of Dis			20b.	Piace of Disp cemetary, cra	osition (Na	ma of	r Str	eet	Falria Deta					_
ō	or or		1⊠ Burial 2	Cramation 3		Stata	cemetary, cra	metory or	other pi	ace)	1					-2.00	
Baltimore,	pemit. Pegas Department of h Important: If the any Injury or of	1		5 Other (Specif	-	Par	klawn					4/96	Rockv	ville,	Mary	yland	
Sal	Depar Impor		21. Signature of Fu	22. Nama and Address of Facility Francis J. Collins Funeral Home, Inc.													
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			23a. Part1. Enter t	he disaase, or com	plicetions thet co	aused tha dae	th. Do not ar	tar the mo	de of dy	ring, such es	cardiac	or respiratory a	arrast,	Spr.,	MU	pproximete	
ш	Physician		SHOCK, OF HEA	re landra. List Only	Oria Gausa Ori a	adi ma.									O	nset and Death	
70	/Medical		Immediata Cause		0.5										1		
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09	be a iclar buni		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disaasa or injury c.														
68760,	artificate be executed ling physician and as the bunal-transit	Medical	that initieted evants rasuiting in deeth) I	Last		Dua to (d	or as a consa	quance of):									
×	*E CD 65	Me		L	d												
Bo	0 2 3	an		_	d										1		
	0 0 2	SIC	Pert II. Other signif	icant conditions c	ontributing to de	ath but not ras	suiting in tha	undariying (ausa g	ivan in Part	I.	23b. Dld	tobacco u	uae contribu	ite to th	ne cause of death	?
P.0	requires that the de sen signed by the a hould be dateched to	Physician	Channels	T 4 4 -	141-7 T.	D4						1⊠	Yes 2	No 3□	Probat	oly 4 Unknow	٧n
	es the	b	CHIONIC	Interest	itiai Lu	ing Dis	ease										
Records,	v require been si should t												an autop	sy 24t	b. Wara	autopsy findings	
ပ္ပ		iet										репо	ormed?		comp	iation of causa	
Re	The law ata has b pega 2 s	Completed											_				
ā												10	Yes 2	No	1 U Y	'es 2□ No	
Vital	iclan: certific rector,	Be	25. Was casa rafar axaminar?	red to medicei	Hoppital						a of Death	(Check only	one)				
of	0 0	2	1 ☐ Yes 2 🔯				ER/Outpatie		JA			me 5 🖾 Resi			pecify)		
		Certification:	27. Mannar of Deati	h 5 ☐ Pending	28a. Data o (Monti	t Injury n, Day Year)	28b. Tima o Injury	of 1	28c. Inju	ork?	1	28d. Dascribe	how injury	occurred			
Division		ati	2 Accident	investigation				М	1]Yas 2□	No						
$\overline{\mathbf{z}}$	or Attendated after deat Director:	=	3 ☐ Suicide 4 ☐ Homicide	6 Could not be detarmined	ZON. PINCE	of Injury - At h	oma, farm, st	raat, factor	y, office	1	1	28f. Location (City or To	(Street and	Number or	Rural R	louta Number,	
	as after or all	S				, ,	,,					,	, ,,				
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Cal	29a. Certifier (Check only	1⊠ Certifying Ph	ysician: To tha	pest of my kno	owledga, daat	h occurred	at tha t	ima, data ar	nd plece, e	end dua to tha	ceuse(s)	and manner	as state	ed.	
	n 24 n 24 ne Fi	edical	one)	2 Medical Exam	and mann	sis of axamina ar stated.	ation and/or ir	ivastigetion	, in my	opinion, das	ith occurre	ed et the time,	data end	placa, and d	lua to th	a cause(s)	
	To the within 2 To the comple	Σ	29b. Signetura end	titie of certifiar	/ -			29	c. Lican	sa number			29d. Date	signed (Mo	nth, Da	y, Year)	
			1/1	Um I	comos	V.		-	2/	275		١,	Man - 1	1 1	006		
	1	}	30. Nama and addra	age of person who	completed co.	of donth /li-	m 22a\ /T		24	243			march	1, 1	996		_
	0									_							
	4		Alan Dia	mond, M.I		Sprin		et S	ilv	er Spi	cing,	Maryla	nd_20	910			
	Sta Registr	_		_		dudia.		!									
	negisti	aı	mA	R 04 199	D full	a) tuttle	Made										

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FINEBAL DIRECTOR IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

WEAR	3. TIME OF DEATH	
	11	

_	HEGISTRAR	_		C	ERIIF	ICALE	: UF	DEA	I M	F	REG. NO.				
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH	
	George Jo	hn Rob	inson, S:	r.						March		996	TEAR	10:28	рм
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign	,
	160-26-7284		1 🔀 M 2 🗆 F	64	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di		1	Countr	m svlvania	
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE		1.17.		NTY OF D		_
5	Uolu Cuoo		J 4 - 1			0.11									
2	Holy Cros	S DOSP	ıtaı			51.	Lver	Spr	ing			Mon	tgom	ery	_
ايُ	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
5	Maryland	St. M	arv's		Pin	ev Po	nint							LIMITS?	
اري	10e. STREET AND NUMBER		ary 5		1 7 711	Cy I	-	ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	_
	P.O. Box 30	2						0.0	(7)						
	11. MARITAL STATUS	3	12. WAS DECEDEN	T EVED IN II S A	DMED	12.4	MAR DEC		674	HC ORIGIN? (S	lande. Ma		S.A	A	
-	1 Never Married 2	Married	FORCES? 1	YES 2		H	f yea, sp	ecify Cubi	n, Mexica	n, Puerto Rica		OF NO-	14.7.5	E — American Indian, k, Whita, etc.	
5	3 Widowed 4 K Dive	proed	IF YES, GIVE W	AR OR DATES		1	_ YES	2 K NO	Specifi	γ.			Speci	White	
١ ١	15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON		16h KII	ND OF BUS	SINESS/IN	DUSTRY	WIIILE	_
		ly highest grade		(0	Give kind of v	work done a	during mo	st of worki	ng						- 0
ئ	Elementary/Secondary (I	0-12)	College (1-4 or 5											sociation	
	17. FATHER'S NAME (First, N	fielella Lanti		J Un:	ion R	epres	sent	_	_	ME (First Midd			Aero	space Wrke	rs
5								18. MOI				,			
3	Albert H.		son							ie D.					
	19e. INFORMANT'S NAME (Route Number,					
	Margaret An		nson						e Si	lver S				nd 20910	
	20e. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State		AND DATE (ITION (NE	ame of		DATE	20c. LO	CATION -	- City or To	own, State	
	4 Donation 5 Dother	r (Specify)		St. N	lary t	s Cen	nete	rv		3/6/96	Roc	kvil	le M	aryland	
	21. SIGNATURE OF NUMERA	IL SERVICE LIC	ENSEE	0		22. I	NAME A	ND ADDRE	SS OF FA	CILITY	Funo	wo1	Uama	, Inc.	
	► [] AM	1/1011	((10	10										, Inc.	
	23. PART I. Enter the d	Manager of	nomeliane the	<u> </u>	la eth. Da e	100		IIIVE	ISIL	у втуп	. • • W •	PIT	· Spr		_
- 1	ahock, or h	aart failure.	List only one cau	ae on each lin	a.	iot enier	tne mo	de or dy	ing, suc	n aa cardiad	or respi	iratory ai	reat,	Approximata interval Between	
	IMMEDIATE CAUSE (Fit disease or condition	nal			•	Λ.				Λ _				Onset and De	ath
	resulting in death)	\rightarrow	· Pro	guss	we	- yu	ue	-d	ye	lux	ch	5		1 mort	Th
			DUE TO	AR AS A CONSE	EOUENCE O	F):			()	D					۸
	Sequentially list condit	tions.	· Met	state	i c	hol	かん	50	Ear	en	me	-		3 mon	Ch
	if any, leading to imme cause, Enter UNDERLY	dlata	DUE TO	(OR AS A CONSE	EOUENCE O	F):		4			-	A			1
3	CAUSE (Disease or Inju		· New	(OR AS A CONSE	ue	per	A-1	20	7 4	che	Mo	the	up	y I wee	4
	that initiated events resulting in death) LAS	ST I	DOE 10	(OH AS A CONSE	EOUENCE O	F):			0				1	4	
5	,		d											-	
ا ز	PART II. Other eignifica	ant condition	na contributing to	death but not	resulting	In the un	derlyin	g cause	given in	Part I. 24	a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDI	NGS
5							,				PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS	F
5										_ 1	YES 2	NO XX		OF DEATH?	_
Ě	DID TODA CCO I	ICE COLUE	DIDLITE TO 61					7		. 1979				1 YES 2 NO	
إ	DID TOBACCO U		KIBUTE TO CA						CERTAI	N IZL					
3	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:	26. PLA	ACE OF DEA	OTHER									_
2	1 TYES 2 NO		1 Ninpatient 2	ER/Outpetient	3 🗆 DOA			10 5 □ R	aeldence	8 Other (S	pecify)				
	27. MANNER OF DEATH	271270	28e. DATE OF (Month, D		28b. TIN	IE OF	28c. IN.	JURY AT ORK?		28d. DESCR	IBE HOW I	NJURY O	CURED		
-	1 Natural 5 2 Accident	Pending Investigation				М	1 🗌	YES 2	NO						
5		Could not be	28a. PLACE C building,	ofc. (Specify)	nome, farm,	street, fact	ory, offic			281. LOCATI	ON (Street l	and Numbe	or Rural i	Route Number,	
-	4 Homicide	detarmined													
ן נ	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	my knowledga, d	death occurr	ed at the ti	lme, date	end place	e, and due	to the cause	a) and ma	nner as at	nted.		
	4													s) and menner as state	d.
5	29b. SIGNATURE AND ATLI								ENSE NU						
2	The state of the s	/ / /	10	00						0 1		29d, DA	SIGNED	(Month, Day, Year)	
2	30 NAME AND ADDRESS O	e Bencou	Sun	ella	0	0.1.0		1):	350	146			5	7-76	
									Nin	11 3 0		~ ~	MAA	200.	
					MEDI	CAL	. r	HICK	. עור	# 70	1	7 - 7 -	MD	. 20902	<u></u>
	31. DATE FILED (Month, Day,	05 199	32. REGISTRA	AR'S SIGNATURE	7 1										
	THE STATE OF THE S	UU 133	U HULLA	I KUELLESK-DU	added.										

104

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIEN	_					
	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH				
	Emma Loui	se Rac	er		March 8,		9:25 a M				
-1	4. SOCIAL SECURITY NUMBER			ER 1 YEAR # UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign				
	215-01-9075	1 D M 2 TF 86	YRS. MONTHS		Month, Day, Year) December 9	1909 0	akland, MD				
í	9s. FACILITY NAME (If not institution, give str		9b. Cl	TY, TOWN OR LOCATION OF D		9c. COUNTY OF					
DIRECTOR	Garrett County Me	morial Hospi	tal 0	akland		Garret	t				
W W	tos. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?				
- 10	MD Garr	ett	Ua	kland			t X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
	123 Crook Crest	Drive_		21550		U.S.A.					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		I. WAS DECENDENT OF NISPA If yes, specify Cuban, Maxic		or No- 14, RA	CE American Indian, ick, White, atc.				
βλ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 NO Speci			White				
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 Housewife 168. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NO? use retired.) 16b. KIND OF BUSINESS/INDUSTRY Home										
۳											
COMPLET											
	17. FATNER'S NAME (First, Middle, Last) Walter Scott	Shreve		Bessi	AME (First, Middle, Meiden e Beul		Beckman				
H H		DILLEVE					DECKINATI				
2	196. INFORMANT'S NAME (Type/Print) Willa L. Able			ss (Street and Number or Rural oberts Road	Pittsburg		234-2711				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	val from Stats cem	.PLACE AND DATE OF DISPO etery, cremetory or other place	e)		CATION - City or					
	4 Donation 5 Other (Specify)	Je	fferson Mem	orial Park	3/10 Plea	sant Hi	lls, PA				
	D M	AA 1	1 -	Stewart Fune							
	- Brukken N	1 Lowed L.	I	32 S. Second		Nakland	MD 21550				
	23. PART I. Enlar tha diseases, or conshock, or heart fellure. L	omplications that caused	the death. Do not ant	er tha mode of dying, eu	ch es cardiac or reapi	iratory arrest,	Approximata				
	IMMEDIATE CAUSE (Final	ist only one cause on e	ech line.				Onsat and Death				
Ì	disease or condition	Thru	moria				Days				
	resulting in deetily	-	CONSEQUENCE OF):				Days				
z											
RIFICATION	Sequentially flat conditions, if any, leading to immediate	OUE TO (QR AS A	CONSEQUENCE OF):								
5	CAUSE (Disease or injury										
	thet initiated events	OUE TO (OR AS A	CONSEQUENCE OF):								
CER	resulting in destin, Exs	le									
_ 1	PART II. Other algorificant conditions	contributing to death b	ut not resulting is the	underlying ceuse given in	Part i. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS				
5	,	Ather soke	dic Hear	* Disage	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC			/		1 TYES 2	200	OF DEATH?				
ΣI	DID TORACCO LISE CONTR	PIRLITE TO CALISE O	E DEATH YES	NO T LINCEPTAL	IN MG		1 YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	28. PLACE OF OEATH (Chec	ER:	• C en						
	1 120 1			Ursing Home 5 Residence		N ILIEN OCCUBED					
	27. MANNER OF OEATH	(Month Car Mont) Bulliamy Bulliamy									
PHYSICIAN:	1 Natural 5 Pending	(Month, Day, Year)	2 Accident Investigation								
BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ybar)	— At home, form, atrast fo	ectory, office	281, LOCATION (Street	and Number or Rose	I Route Number				
ED BY PHYSICIAN:	1 Natural 5 Pending	(Month, Day, Ybar)	— At home, form, atraet, fi	ectory, offics	281, LOCATION (Street : City or Town, State)	and Number or Rure	il Route Number,				
ED BY PHYSICIAN:	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	(Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spec	offy)	.C	City or Town, State)		il Route Number,				
ED BY PHYSICIAN:	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 4 Homicide Source determined 29s. CERTIFIER (Check only	(Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Spec	ledge, death occurred at the	e tims, dats and place, and du	a to the cause(s) and man	nner as stated.					
BY PHYSICIAN:	1 Natural 2 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEOICAL AMINE	(Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Spec	ledge, death occurred at the	e tims, dats and place, and du y opinion, death occured at th	City or Town, State) a to the cause(s) and mea	nner as stated.					
COMPLETED BY PHYSICIAN:	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 4 Homicide Source determined 29s. CERTIFIER (Check only	(Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Spec	ledge, death occurred at the	e tims, dats and place, and du y opinion, death occured at th	City or Town, State) a to the cause(s) and mea	nner as stated.					
ED BY PHYSICIAN:	1 Natural 2 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL AMINE 29b. SIGNATURE AND THE PROPERTY OF	(Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Special Speci	ledge, death occurred at the n and/or investigation, in m	e tims, dats and place, and du y opinion, death occured at th	City or Town, State) a to the cause(s) and mea	nner as stated.	e(s) and manner as statud.				
BE COMPLETED BY PHYSICIAN:	1 Natural 2 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEOICAL AMINE	28s. PLACE OF INJURY building, stc. (Special S	ledge, death occurred at the n and/or investigation, in m	o time, date and place, and du y opinion, death occured at th 29c. LICENSE NU D23979	City or Town, State) a to the cause(s) and mass time, data and place, an	nner as stated.	e(s) and manner as statud.				
BE COMPLETED BY PHYSICIAN:	1 Natural 2 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEOICAL AMINE 29b. SIGNATURE AND ADDRESS OF PERSON WHO	28s. PLACE OF INJURY building, stc. (Special S	ledge, death occurred at the n and/or investigation, in me art (ITEM 27) (Type, Print) 1 N. Fourth	o time, date and place, and du y opinion, death occured at th 29c. LICENSE NU D23979	City or Town, State) a to the cause(s) and mass time, data and place, an	nner as stated. ad dus to the cause 29d, DATE SIGN	e(s) and manner as statud.				
ED BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28s. PLACE OF INJURY	— At home, ferm, atraet, fi	ectory, offics	281, LOCATION (Street : City or Town, State)	and Number or Rure	I Ro				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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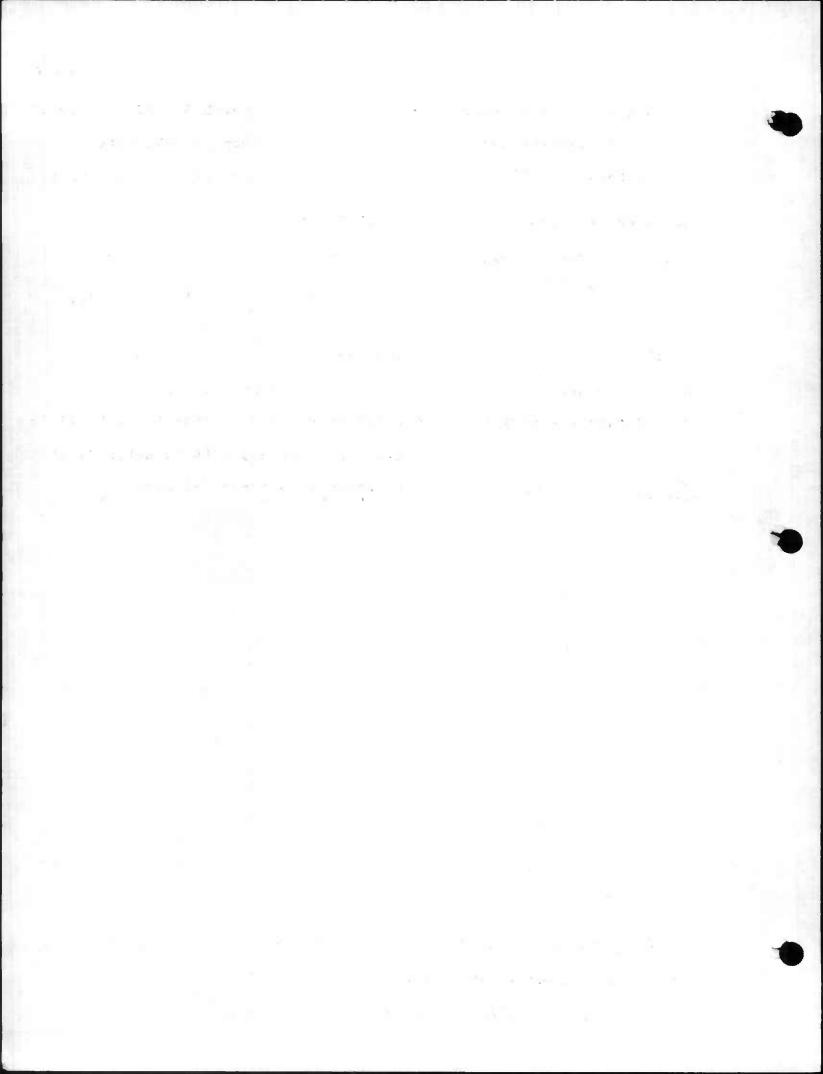
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		OLITITI I	CATE OF DEATH	REG. I	VO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	LUCILLE	MAE	RUARK		MARCH 3	1996	AR					
	4. SOCIAL SECURITY NUMBER						6:55 AM M					
				IF UNDER 1 YEAR IF UNDER 24 HR	10.4 - 11 TO 14 -)	BIRTHPLACE (State or Foreign Country)					
	305-20-2171	1 🗆 M.2 🗷 F	69 YRS.		April 6	1926	INDIANA					
	Sa. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF	OF DEATH							
E	WATERVIEW HEALTHO	ARE CENTER		SALISBURY		1dT	COMICO					
K	RESIDENCE OF DECEDENT	MIL OLIVIEI		SMERODUAT		MIT	COLITCO					
DIRECTOR	10e. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?						
E	MARYLAND SOM	MERSET	D	RINCESS ANNE								
	10e, STREET AND NUMBER	ILIIOLI		101, ZIP CODE		Lan experience						
FUNERAL	The state of the s			21314/6/6/6/4/		10g. CITIZEN	OF WHAT COUNTRY?					
Ü	30369 PINE STREET			21853			U.S.					
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	13. WAS DECENDENT OF HIS			RACE — American Indian, Black, White, etc.					
	1 Never Married 2 Married	IF YES, OIVE WAR		If yes, specify Cuban, Me 1 YES 2 NO Sp		1000	Specify:					
ВУ	3 Widowed 4 Divorced				,		WHITE					
0	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY											
E	(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during most of working retired.)	The livery							
7	12	College (1-4 or 5+)	CEC	DETADV	COLINITY	/ COVEDN	MENIT					
2			SEU	RETARY	NAME (First, Middle, Mei	GOVERN	MENI					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)											
BE	ANDREW FARKAS			BERTH	IA SAUNDERS	5						
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street end Number or Ru	rel Route Number, City or	Town, State, Zip Coo	(a)					
5	CAROLE CAMPBELL		26501	NANTICOKE ROAD	CALTORIE	V MD	21201					
	204, METHOD OF DISPOSITION		20b. PLACE AND DATE OF			LOCATION - City						
7.0	1 Buriel 2 Cremation 3 Rer	moval from State	cemetery, crematory or other	er place)								
	BEECHWOOD CEMETERY 3/5 PRINCESS ANNE, MARYLANI											
	21. SIGNATURE OF FUNERAL SERVICE LIGHISEE 22. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME											
	1 thought	Ylann)									
_	- MARKANI	SURRE	M00295	PRINCESS AND	E. MD. 218	353						
	23 PART I. Enter the diseeses, or shock, or heart failure	List only one cause	nused the death. Do no on each line.	t enter the mode of dying,	uch ae cerdiac or re	spiratory arrest,	Approximata interval Between					
	MMEDIATE CAUSE (Final	1					Onset and Death					
	disease or condition	lune canon al										
	resulting in death)	B. DUE TO YOU	AS A CONSEQUENCE OF				1000					
				6.	1		21					
Z	Sequentially list conditions, if ony, leading to immediate cause First INDERLYING											
	Sequentially list conditions, If eny, leading to immediate											
E I	If eny, leading to immediate	0.000	E caree. Lines On DETICING									
CATIC	If eny, leading to immediate cause. Enter UNDERLYING	B										
IFICATIO	If ony, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B	AS A CONSEQUENCE OF)									
RTIFICATIO	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B										
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	AS A CONSEQUENCE OF)									
	If ony, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e	AS A CONSEQUENCE OF)		In Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	AS A CONSEQUENCE OF)		in Part i. 24a. WAS	AN AUTOPSY FORMED?						
EDICAL CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	AS A CONSEQUENCE OF)		in Part i. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO					
MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	AS A CONSEQUENCE OF)		in Part i. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	AS A CONSEQUENCE OF)		in Part i. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
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r-			1. Decedent's Name (First, Middle, Last)					2. Dete of Dec	ith	3. Time of Death
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Baltimore,	permit. Pages 1 and 2 Department of Health e Important: if Item 27 is any Injury or other tra		1 Burial 2 ☐ Cremetion 3 ☐ Rame 4 ☐ Donetlon 5 ☐ Other (Specify)	ovei from Stete	cemeters	crest Cem	eterv 3-			
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DHMH 16 Rev 6/95



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1996

4c. County of Deeth

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4b, City, Town, or Location of Death

Easton

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4e. Fecility Neme (If not institution, give straet end number)

MARTIN

The Memorial Hospital at Easton | Months | Deys | Hours | Min. | B. Dete of Birth (Month, Day) | Page 1920 | Min. | DEC - 25, 1920 23341503419409 7. Age (In yrs. last birthdey) 9. Birthplace (Stete or Foreign 10M 20F VIRGINIA Yrs. 75 228+12+8189 Usuel Residence of Deceden with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryla nent of Health end Mentel Hygiene.

ent: If Item 27 is marked other than "nature!", or Items 23a or 28a4 show ury or other traumatic event, the Medical Examinal must be notified at EASTON 1 Yes 2 No MD TALBOT Directo 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 21601 USA 7101 SYCAMORE LANE Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: WHITE 1 ☐ Yes 2 No Specify: Specify þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) OWN HOME HOMEMAKER 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be RUBY RUCKER CLYDE MARTIN P 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Important: If the traun any injury or other traun once. 7101 SYCAMORE LANE, EASTON, MD 21601 JAMES D. RORER, SR./HUSBAND 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3 - 4LYNCHBURG, VA SPRINGHILL CEMETERY 21. Signeture of Funerel Service Licensee FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME R. MERCERON CEST 200 S. HARRISON ST., EASTON, CHOL 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete interval Betwe Onset and Death Physician /Medical Immediate Cause (Finel with low Cardiac output 6 weeks diseese or condition resulting in deeth) Examiner Examine asdiomyor sician and buriel-transit The lew requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest P.O. Box 68760, physician s the burie Physician/Medicai attending pl Complications 23b. Did tobacco use contribute to the cause of death? been signed by the s should be deteched Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, 2 Completed 24b. Were autopsy findings evellable prior to 24a. Wes an autopsy performed? completion of cause of death? page 2 : nephropally 2DNO 1 ☐ Yes 2 ☐ No certificate the Hospital or Attending Physician: 25. Wes case referred to medical examiner? 26. Pieca of Deeth (Check only one) director. Be Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No this funeral 28c. injury et Work? Certification: 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred After 1 Neturei 5 Pending efter deeth. 1 Yes 2 No 2 Accident Investigation filled in by the 3 Suicide 8 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours e To the Funeral C completely filled Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) end menner steted. 29e. Certifier 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number D41723 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) CHRISTADOSS RAJASINGH, M.D., 403 MARVEL COURT, EASTON, MD 21601 32. Register's Signeture
1996 Maria Bruston-Radall 31. Dete filed (Month, Dey, Yeer) State

Registrar

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he hards completely filled in by the funeral director, page 5 should be detached for a few months of seminal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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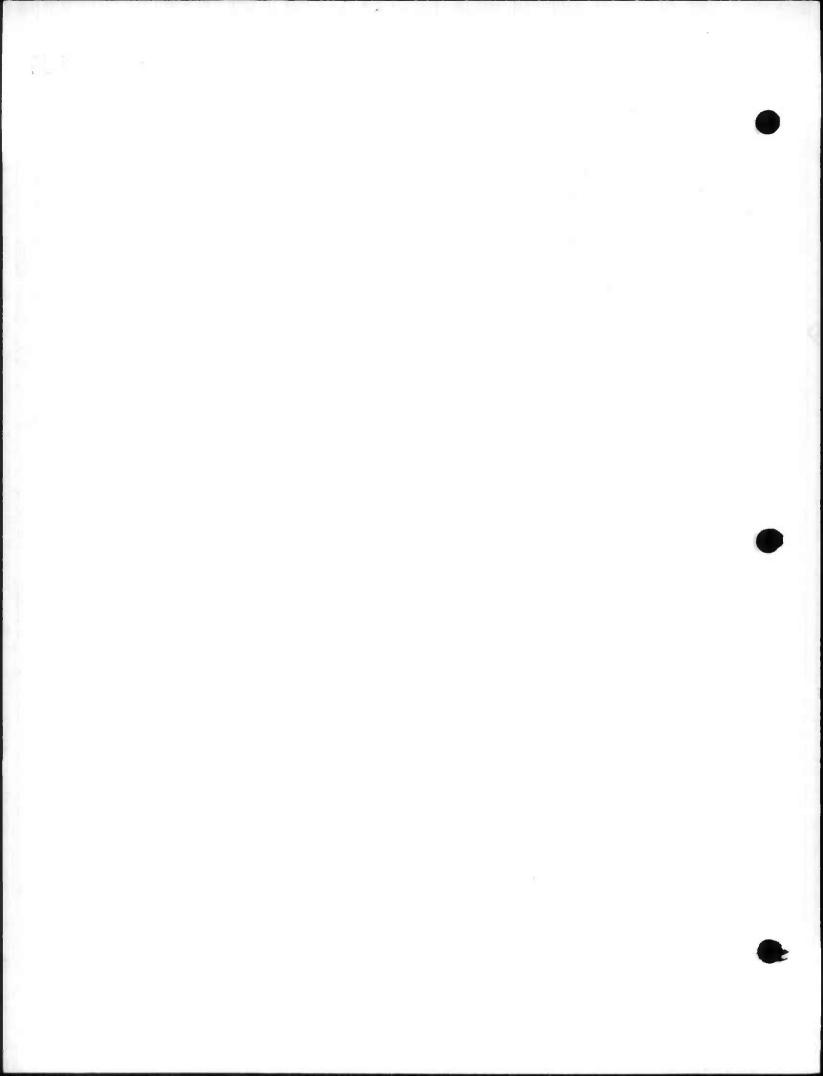
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I		IENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Frank Melvin				2. DATE OF DEATH		3. TIME OF DEATH			
		SEX 6. AGE (in yrs. lest	birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 5-11-19	Cou	TNPLACE (State or Foreign			
TOR	9a. FACILITY NAME (If not institution, give atreet Garrett Co. Mem			land,	NTN	9c. COUNTY OF				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE WV Tucke	er	10c. CITY, TOWN OR LOCAL Davis	TION		10d. INSIDE CITY LIMITS? 1 F YES 2 NO				
FUNERAL	10a. STREET AND NUMBER PO Box 364		10	26260)	10g. CITIZEN OF	WHAT COUNTRY?			
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARN FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: While, a							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Park Superintendent State									
BE COM	17. FATHER'S NAME (First, Middle, Lest) Jacob Roby				Vance R					
10	19a. INFORMANT'S NAME (Type/Print) Sandra Brooke		MAILING ADDRESS (Street PO Box 36			n, State, Zip Code) 6260				
	20e, METHOD OF DISPOSITION 1 Deurlai 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata cemetery, creq Dav1	ND DATE OF DISPOSITION (N netory or other piece) S Cemeter	y 2-8-9	96 D	cation — city or a Vis, 1				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE PO Box 186, Davis WV 26260									
	23. PART I. Enter the diseases, or compensors, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	plications that caused the design only one cause on each line. Pure 7 Due to (OR AS A CONSECUENT)	ailure.	de of dying, auch		retory erreat,	Approximate interval Between Onaet and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	DUE TO (OR AS A CONSEOL			350 350		San San San San San San San San San San			
MEDICAL CE	PART II. Other algorificent conditions co	ontributing to deeth but not re	oulting in the underlytic	g cluse given in P	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	DID TOBACCO USE CO		26. P	YES NO						
PHYSICIAN:	1 ☐ YES 2 NO 12 27. MANNER OF DEATN	SPITAL: Impatiant 2 ER/Outpetient 3 26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. IN	URY AT DRK?	Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED				
ED BY	V Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY — A1 hom building, atc. (Specify)		YES 2 NO	261, LOCATION (Street a City or Town, State)	and Number or Run	il Route Number,			
COMPLET		i: To the best of my knowledge, dea					e(a) and manner as stated,			
TO BE CO	29b. SIGNATURE AND TITLE OF CHILIPPER	7		ED (Month, Day, Year)						
	Robert A. Goralsk	i, M.D. 311 N.	Fourth Str	eet Oakl	and, MD	21550				
	31. DATE FILED (Month, Day, Year). MAR 1 8 1996	STRATS SIGNATURE P	rdall				DNMH-16 Rev 1/89			

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	**O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

	HEGISTHAH		C	:KIIIFI	CALE	OF	DEAL	п	REG	NO.					
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED HANNA	AH SO	CHROYER						2. DATE OF DEAT MONTH MARCH 8	H DAY	3. TIME OF OEATH 1995 1996 4:40 Am				
	4. SOCIAL SECURITY NUMBER	5. SEX (B. AGE (In yrs. las	i birthday)	IF UNDER 1	YEAR	IF UNDER		7. DATE OF BIRT		_	IPLACE (State or Foreign			
	213-03-5631	1 □ M 2 🏅 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE 27		Count	(אי)			
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH							911 MARYLAND				
8	DENNETT ROAD MANG	OR NURSING	HOME	OAKLAND GA					GARRE	rт					
DIRECTOR	RESIDENCE OF DECEDENT														
2	10a. STATE 10b. COUNT				, TOWN OR							10d. INSIDE CITY LIMITS?			
		TIMORE		BALTIMORE					1XX YES 2 NO						
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE				10g. CITIZEN OF WHAT COUN								
9	410 E. CROSS STRE				2	1230				USA					
E	11. MARITAL STATUS 1 Never Married 2 Married	MED						IN? (Specify Yes or No.— 14, RACE — American Black, White, etc.)							
BY	IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									WHITE					
<u> </u>	WILLE									WILLE					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kind. Oo NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY														
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+) LAUNDRESS LAUNDRY														
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middle, M.		10)				
0	PHILLIP H. MU	RRAY						ACE		CGHT	•/				
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a			oute Number, City of		Zin Code)				
2	GEORGE D. SCHROYE	R		05 F					. LAKE I			550			
	20a. METHOD OF DISPOSITION		20b. PLACE		_						- City or To				
	1 Donation 5 Qther (Specify)	oval from Stata	OMEGA	matory or ot	her place) MATOI	RY			3/10 M						
	21. SIGNATURE OF TYNENAL SERVICE LIC	CENSEE	1 011201	· OILL	_		ID ADDRES	S OF FAC							
1	De State Mal	net	W0017	7	n	TDO					BOX 2				
	- Marcine 1910	Just	M00167									1D 21550			
	23. PART i. Enter the diseases, or shock, or haart failure.	complications that List only one cause	ceused the de e on aach line	ath. Do n	ot enter t	he mo	de of dyli	ng, such	ss cardiac or	respiratory	srrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final											Onset and Death			
I	disesse or condition resulting in death)	a	CARCING							6 MO					
1		DUE TO (C	OR AS A CONSEC	DUENCE OF):										
8	Sequentisity list conditions, COPD CHRONIC BRONCHITIS DUE TO (OR AS A CONSEQUENCE OF):							10 Yrs							
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DOE 10 (C	M AS A CONSEC	DUENCE OF):										
임	CAUSE (Disease or injury	c. DUE TO (O	R AS A CONSEC	DUENCE DF):										
E	resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE DF):													
핑		d										1			
4	PART II. Other significant condition	s contributing to d	eeth but not r	esulting i	n the und	leriying	cause g	iven in F		S AN AUTOP	SY 24b	WERE AUTOPSY FINDINGS			
EDICAL	SQUAMOUS CA	RCINOMA O	F TONGU	JE						ES 2 X NO		COMPLETION OF CAUSE OF DEATH?			
ME												1 YES 2 NO			
	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEAT	rH '	YES [1 NC	П						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PL			ck only one)						
is	1 TES 2 X NO	1 Inpatient 2 I	ER/Outpatiant 3	□ DOA	OTHER:	: ng Hom	e 5 🗆 Res	sidence 6	3 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,		28b. TIME		28c. INJ	URY AT RK?		28d. DEŞCRIBE H	OW INJURY	OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation	(******, 23)	1187		М		ES 2 [NO							
ED E	3 Suicida 6 Could not be	28e. PLACE OF building, at	INJURY — At ho	me, farm, a	treet, factor	ry, offici			26f. LOCATION (S City or Town,	treet and Nur	nber or Rural I	Route Number,			
	4 Homicide determined								Only or Jown,	Steto/					
<u> </u>	29a. CERTIFIER 1 X CERTIFYING PHYS	CIAN: To the best of m	ry knowledge, da	ath occurre	d at the tim	ne, data	and place,	and dua t	o the cause(a) and	d manner as	atated.				
COMPLET												s) and manner as stated.			
- 111	29b. SIGNATURE AND TITLLO CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)														
H	(6/12	- Lieta	6	n	0		D42					1 8, 1996			
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITER	4 27) (Type.	Print)			, , ,	_			. 0, 1770			
	SOTIERE SAVOPOULO		1104			ST.	т	ERRA	ALTA, V	JV 26	764				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE -				-			20	- J				
	MAR 1 1 1996	This David	con Ronda	ef.											
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State of Maryland / Department of Health and Mental Hydiene 96 08 1 98

Am	ended i	tem	#1 per F.D. 3/7					leaith and i Death	,	Reg. No.		0198	
Physician /Medical			1. Decedent'e Name (First, Middle,	SETTE	€ Ev	7a Ma	ae Seaks		2. Date of De Month	Day Day	1996	3. Time of Death	
	Examir		4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death										
			University o										
	permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelih and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic evant, the Medical Examiner must be not fred and once.	Director	5. Social Security Number 213-74-3709	Age (In yrs. lest b	ge (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. Months Days Houra Min.			8. Date of Bir (Month, De May 27	B. Date of Birth (Month, Dey, Year) 9. Birthplece (S Country) May 27, 1896 Marylan				
			Usual Residence of Decedent 10a. State 10b. County	10c. City, To	0c. City, Town or Location					1	0d. inside City Limits		
Baltimore, Maryland 21215-0020			Maryland Balti		Upperco				1 ☐ Yes 2 ☐ No				
			10e. Street and Number		10f. Zip Code				10g. Citizen of What Country?				
		aiD	5417 Arcadia Ave		21155				US	27			
		To Be Completed by Funeral	11. Maritei Status	12. Was Deceder	Was Decedent Ever in U,S. Armed Forces?		13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puerl			- 14. Red	14. Rece - American Indian, Bleck, White, etc.		
			1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 If Yes, Give Year or Date] No 1 □ Ye		☐Yes 2☐No			Specify: White			
			15. Decadent's (Specify only highest)	166	16a. Decedent's Usual Occupation (Give kind of work done during			on ing most of working		16b. Kind of Business/Industry			
			Elementary/Secondary (0-12) College (1-4or 5+)			life. DO NOT use retired)				O m Home			
			17. Father's Neme (First, Middle, La		Housewife				Own Home				
			George Fringer					18. Mother's Name (First, Middle, Meiden Sumeme) Ella Fowble					
			19a. informent's Neme/Relationship	(Type, Print)	19	9b. Mailing Address (Street end Number or Rural Route Num				nber, City or Town, State, Zip Code)			
			Dorothy Jean Sea			5417	7 Arcadia	Ave, Up	perco, 1	MD 21155	5		
			20a. Method of Disposition 1		e cemet	ery, crem	sition (Neme of petory or other plea		Date	20c. Location			
altir			21. Signature of Fulleral Service Lice		2/		L's Cemet Name and Addre	ss of Facility	3/8	Upper		d	
<u> </u>			Atwes Welline 934 S Main St, Hampstead, MD 21074										
		Examiner	23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch es cardiec or respiratory arrest, Approximate intervel Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) Due to (or es e consequence of):										
7	To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours efter death. To the Funeral Director: After this certificate hes been signed by the ettending physician and up posicion processes the funeral director, page 2 should be deteched for use as the burial-transit and up to the transit of the funeral director.												
0,			,	. HYF	Due to (or es e	consequ	uenca of):	,	1 K.	MEDICAL EXAM	INER	10 hours	
			Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death). Last										
68760,		dicai											
P.O. Box		Completed by Physician/Med								10hours			
			Pert ii. Other significant conditions contributing to death but not resulting in the Onderlying cause given in Pert I.							23b. Did tobacco use contribute to the cause of death?			
			Old age, general organ failure, hypotensión						10	1 Yes 2 No 3 Probably 4 Unknown			
of Vitai Records,			acidoris + respiratory des				pression 24a.			/aa an autopsy erformed? 24b. Were autopsy available prior completion of of death?		allable prior to mpletion of cause	
E.									101	Yes 2 No	10	Yes 2□ No	
/ita		Be	25. Was case referred to medical examiner?					26. Place of Dea	th (Check only o	one)			
≥€ V		70	1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)										
no On		inol :	27. Manner of Death 1 ☐Netural 5 ☐ Pending		injury Work?			28d. Describe I	tbe how injury occurred				
Division		Medical Certification:	2 Accident investigation Uarth 4. 1996 2 9. 30 M 1 yes 2 No Grant AT Home 5. 1996 2 No Grant AT Home 5. 281 Location (Street and Number or B)								I Route Number		
Di			4 Homicide 28e. Placa of injury - At home, ferm, street, factory, office building, etc. (Specify) 28e. Placa of injury - At home, ferm, street, factory, office building, etc. (Specify)									rridge ramber,	
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in		29a. Certifler (Check only one) Medical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.										
	of the omple		29b. Signature in the of certifier				29c. License number			29d. Date signed (Month, Dey, Year)			
	F 5 F ö		And where			N 2229L				March 11 1991_			
			30. Neme and address of person wh	completed cause of	death (Item 23e)	(Type, P	Print)	2		Maria	7.	1110	
			STC. UN 31. Date filed (Month, Dey, Year)	MD. 20		eene		Dattuno	e. f	102120)		
State State Registrar MAR 7 1996 State Registrar a Signature MAR 7 1996													

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene O.C.

				State of Ivial	ylana / i		icate of			eg. No.		18199
H	Physici	an	Decedant's Nama (First, Middla, Last) CD A CE NA OM T						2. Data of Dear Month		Yaar	3. Tima of Death
d	/Media	cal	GRACE NAOM I 4a. Facility Nama (If not institution, giva	SMITH				4b. City, Town, or L	March	8 19		7:35 P.M.
7	Examir	ner	St. Mary's Hospital	street and number)				Leonardtown		4c. County o		
٠	Funeral		5. Social Security Number 6. Sa.	x 7. Aga ('In yrs. last bi		Undar 1 Yaar	If Undar 24 Hrs.				laca (Stata or Foreign
3)	Director		220-26-4556	□M 2√2 F	74	Yrs.	onths Days	Hours Min.	8. Data of Birth (Month, Day, March 26,	1921	Mary	land
	how how		10a. Stata 10b. County	1	Oc. City, Tow	n or Location	on				1	0d. Inside City Limits
	e Ma	Director	Maryland St. Mary's	S	Lexin	gton Pa	ark					1 Yas 2 No
	15 P	Dire	10e. Street and Number			1	Of. Zip Coda		1	0g. Citizen of Wi		
	ath w		Route 3, Box 180				20653			United :		
Maryland 21215-0020	should be filled within 72 hours after death with the Maryland nd Mental Phylene. marked other than "natural", or items 23a or 28a-f show unmafte event, if a Medical Examinar must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Eve Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	ar In U₁S.		Decedent of F s, specify Cub Yas 2X No	lispanic Orlgin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Biack	Amaric Whita,	
5.0	72 ho	eted	15. Decedant's Edu (Specify only highast grad	cation	16a	Decedant'	a Usual Occup	pation	ina	16b. Kind of Bus		
2	ithin New	Completed	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)				during most of work d)	ang .			
7	her th		17. Fathar'a Nama (First, Middla, Last)		1	Bus Con	tractor	40 Mathada Mari	- /Flore A.S. date	School	-3	em
ano	d be f	Be c	John Solomon Harris					18. Mothar's Nam Sarah Catl			,	
2	2 should end Mer is marks aumatic	5	19a. Informant's Name/Ralationship (Ty	rpe, Print)	198	o. Mailing A	ddrass (Straat	and Number or Rui			tata Zin	Coda)
Σ	od Signatura		William E. Smith, Hus			_		O, Lexington				o o o o o o o o o o o o o o o o o o o
altimore,	of Hor		20a. Mathod of Disposition 1⊠ Burial 2 □ Cramation 3 □ R		20b. Place o cemata	of Dispositio	n (Nama of ary or othar pla	ce)	Data	20c. Location - C	ity or To	wn, Stata
Ē	ment of land: If its	1 17	4 □ Donation 5 □ Othar (Specify)		Charle	s Memor	riàl Gar	dens 3	/14/96	Leonardto	wn, M	aryland
Ba	permit. Peg Department Important: t any Injury o		Lichael K. Blanke	enship	•	Bri		iss of Facility Funeral Hom '9, Leonardt		Land 20650		
			23a. Part1. Entar tha disaasa, or compli shock, or haart failura. List only or	lcations that causad th na causa on aach lina.	a daath. Do							Approximata Intarval Batween
de la	Physician /Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	. RED	Der	alo	ay ;	Am	A			Munual Manual
		ner	•	Val	of to (or as)	oonsequery	94	home	love !	13		hs
	ificate be asscuted g physician and as the buriel-transit	Examiner	Sequentially list conditions,	Du Du	10 joj an a	consequence	ce of).	0.	10 org	1		10/1
68760,	sician burie		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants	. Usry	WU	ova	eson	las 1	nsuff	cocosu	4	W? .
28	ificate g phys	edical	raculting in death) Last	Du	O d	CODAMIQUENC CO. A	a Da	2	> //		11	TUDA
ROX	anding use	M/ui		1 An	ren	Pope	ren	000	1 1			J X
o.	death	sicla	Part II. Other significant conditions con	stributing to death but n	nat resulting i	n the under	lying cause giv	ven in Part L	23b. Did to	bacco use contr	ribute/to	the cause of death?
s, P.O	v requires that the death certif been signed by the attending should be detached for use a	by Physician/N	Dia	Veley	M	Ell	ita	T	1 🗆 Y		·	ably 4□ Unknown
Hecords,	The lew requires that the death cert are has been signed by the attending page 2 should be detached for use.	Completed	Hyp	arla	nsh	n	\supset		24s. Was a perform	n autopsy ned?	891	re autopey findings diable prior to appletion of cause death?
			0 4						1 🗆 Ye	is 29thic	1.0	Yes ANO
Vital	Physician: This certifica	o Be	25. Was case referred to medical examiner?	lospital: 🛰			C and Oth	26. Place of Deat				y 11 4 1
ō	Phys	\vdash	27. Magnar of Death	28s. Date of Injury	2 ER/O	utpatient 3 Time of	ILI DOA	4LJ Nursing Ho	rne 5 🗆 Reside 28d. Describe ho			0
0	ath.	ation	Natural 5 Panding Invastigation	(Month, Day Y	ear) I	Injury	Wor 1	rk? Yes 2□No				
DIVISION	al or Atte s effer der al Directo ed in by th	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Placa of Injury building, atc. (- At homa, fa Specify)	arm, streat,	factory, office		28f. Location (St City or Town	reet and Number n, Stata)	or Rura	l Routa Number,
	To the Hospital or Attending Physician: within 24 hours eller death this certific completely filled in by the funeral director.	edica	29a. Certifiar (Check only one) 1 Certifying Phys	nar: On the best of mar: On the basis of ax	amination an	a, daath occ id/or invasti	curred at the tir gation, in my o	ma, data and place, ppinlon, daath occurr	and dua to tha ca ed at tha tima, do	ausa(a) and mani ata and place, an	nar as st d dua to	ated. tha causa(s)
	To the Total	Σ	29b. Signature and title of certifier	1/2 /2-	-11	1	29c. Licans	a number	2	9d. Data signed	Month,	Day, Year)
			1 XXXX	HOWOZ	5/4		DL	2641	7	3/11	17	6
			30. Name and address of person who co	1					_	1		
			31. Date filed (Morth, Day, Year)	James 32. Registrar's		arboe	, M.D.,	Leonardi	cown, Md			~-~-
	Sta Registr	-	1000		Line Rand	1.11						

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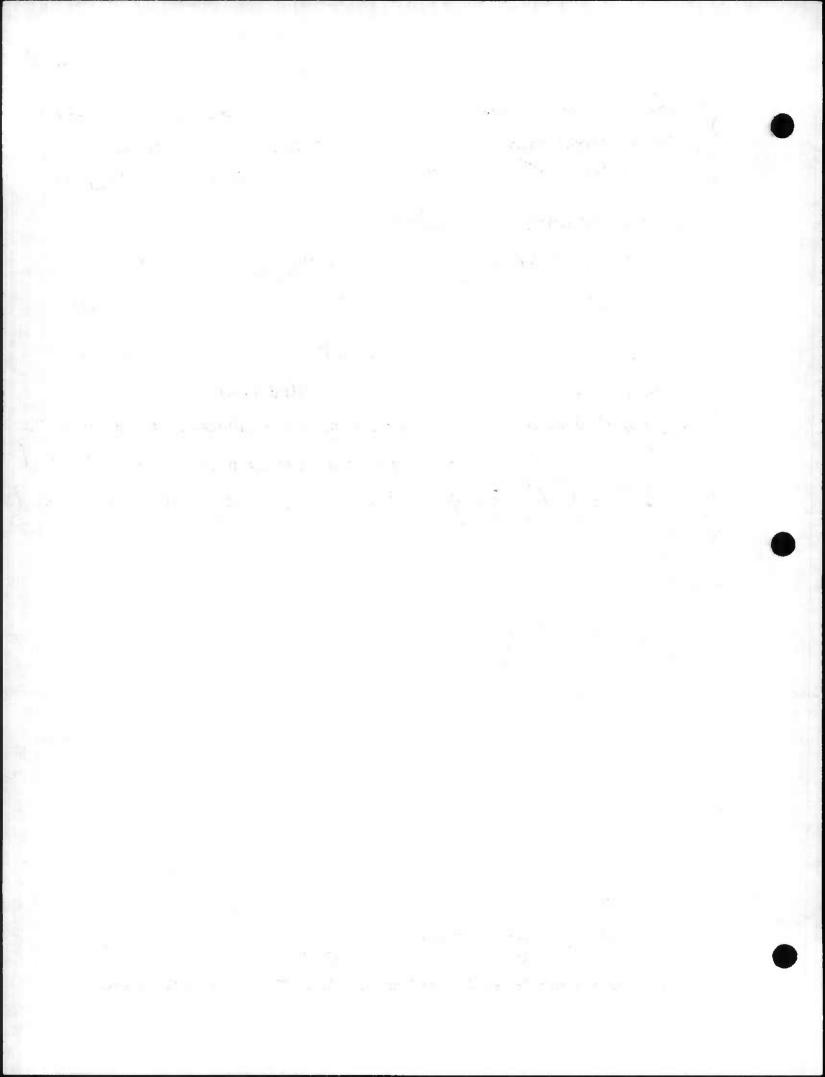
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State of Maryland / Department of Health and Mental Hygiene 96

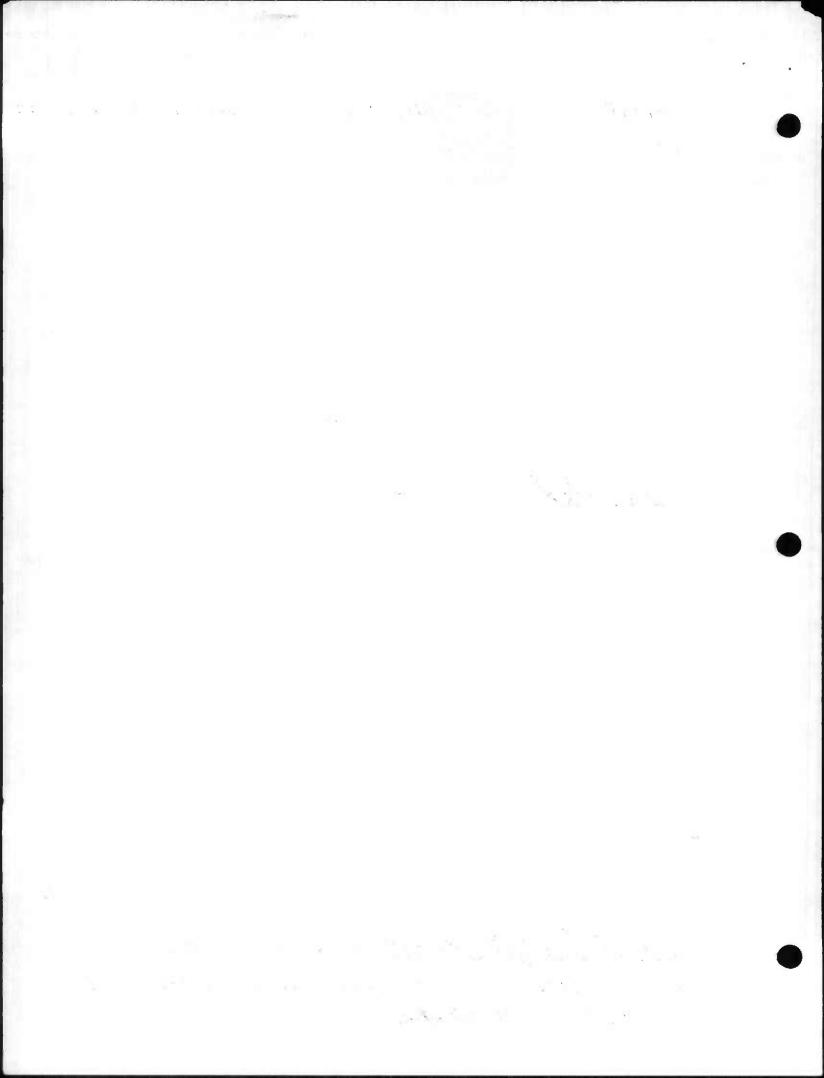
08200

					Cer	tificate of	Death	Re	eg. No.		
П	Dis		1. Decedent's Neme (First, Middle, Last)					2. Dete of Deet Month		Year	3. Time of Death
	Physic /Medi		Jessie Lee	Scales				March 4	Dey 1006	1961	4:00pm
	Exami		4e. Fecility Neme (If not Institution, give s	street end number)			4b. City, Town, or Lo		4c. County	of Deeth	_4:00pii
			Physcians Memorial Ho	enital			In Mate		0		
	Funeral		5. Sociei Security Number 6. Sex	*	lest birthday)	if Under 1 Yeer	La Plata If Under 24 Hrs.	8. Dete of Birth	L_Char		ce (Stete or Foreign
	Director		219-16-2304 1	M 20 F 9	7 Yrs.	Months Deys	Hours Min.	8. Dete of Birth (Month, Day,	1898	Country	ce (Stete or Foreign
			Usuel Residence of Decedent		-			July 10	1070	Marc	JRYKA
	show		10a. Stete 10b. County	10c. Cit	y, Town or Loc	cation			711 22	100	d. Inside City Limits
	Many Fed	ō	Mandand Charle	9 11	DIATI	a a					1 Yes 2 □ No
	with the Maryler a or 28a-f show be notified at	8	10e. Street end Number		CF TOCT	10f. Zip Code		1	Og. Citizen of V	What Countr	2
	72 hours after death with the Marylend naturel', or flerne 23e or 28e-f show dicel Evanting must be notified at	Funeral Director	1 41,04 000	10.00		200	111		716	A	,,,
	urs after death w sl', or Hems 23a	era	HICKORY	LUNE	0 40 14	J du	040	- W - W	u)	4	
	ter dea	S		12. Wes Decedent Ever in U. Armed Forces?	,s. 13. W	Yes, specify Cube	ispenic Origin? (Spe en, Mexican, Puerto	Rican, etc.)		e - American ck, White, etc	
20	s aft	by F	1 Never Merried 2 Merried 3 Widowed 4 Divivorced	1 ☐ Yes 2 ☑ No If Yes, Give	1	☐ Yes 2 No	Specify:		Specifi	010	. 1
21215-0020	72 hours natural', adical Ex	P		Yeer or Detes:						010	CK
5		Completed	15. Decedent's Educ (Specify only highest grade	cation completed)	16a. Decedo	ent's Usuel Occup kind of work done	etion during most of work	ing	16b. Kind of Bu	usiness/Indu	stry
12	should be filed within I nd Mental Hygiene. marked other than *? imatic event, the Med	E	Elementery/Secondery (0-12)	College (1-4or 5+)	III. D	O NOT use retire	2)		7200	1000	ica int
12		ပိ	12			Criet			na	Tuu	avil
Ĕ	d off	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Name	(FIRST, MIDDIE, N	Meiden Sumen	10)	
N S	Men Men	2	unknown				unkn	DWN			
Maryland	2 should be fi and Mental H is marked of		19e. Informent's Neme/Reletionship (Ty)	pe, Print)	19b. Meiling	g Address (Street	and Number or Rura	al Route Number	City or Town,	Stete, Zip C	ode)
	Health Health em 27		Castella F. Pinkne	'U	2386 M	1itchelly	ille hoad	Mitche	lle, Ma	rulan	d 20716
ore	of Her		20e. Method of Disposition		Plece of Dispos	sition (Neme of setory or other plea	ce)	Dete	20c. Location -	City or Town	n, Stete
Ĕ	Peges nent of nt: If its iry or o		1 ☐ Burlei 2 ☐ Cremetion 3 ☐ R. 4 ☐ Donetion 5 ☐ Other (Specify)		John A	ME Chin	ch Mard	111901	Bone	dirt.	Maniland
Baltimore,	- 등원공		21. Signeture of Funerel Service License			Neme end Addre		111,1774	Darc	ou ci,	in gine
Ö	Depa Impo any i		▶ 40 6) h	VICALIO	1	1		11- 11	1		41 1
	_		220 Part February	1. 2200	H	ums	runeray	Home	Hyuu	500 1	Maryland
			23a. Pert1. Enter the disease, or complications, or heart feiture. List only on	couse on each line	n. Do not ente	or the mode of dyli	ng, such es cardiec d	or respiretory arre	est,	10	oproximete ntervei Between Onset end Death
	Physician /Medical		Immediate Course (Flori	0 11 .	- 4 -					į.	Commence of the Commence of th
1	Examiner		Immediete Ceuse (Finel diseese or condition resulting in death)	CHRONIC	035	TRUCTI	IE LU	ING]	ISEA	SEIL	anknown
в		_	resulting in county	Due to (o	r es e consequ	uence of);					
_	b it	Examiner	b								
	certificate be executed tding physician end ise es the burial-transit	хап	Sequentially list conditions,	Due to (o	r es a consequ	uence ot):					
90	clan clan		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events								
68760,	sate the	dica	that initieted events resulting in death) Last	Due to (or	r es e consequ	ience of):			_		
9 x	ing p	/Medical								į	
Вох	tend tend	lan		•							
	v requires that the death or been signed by the attenshould be detached for u	Physician	Pert It. Other significant conditions con	tributing to death but not resu	uiting In the un	derlying cause giv	en in Pert i.	23b. Did to	bacco use co	ntribute to ti	he cause of death?
P.0	at the	Phy	ATUERO (C	1 TONTIC	110	AOT D	TOTACE	1 🗆 Ye	8 2 No	3 Probe	bly 4 Unknown
	gned be de	by	ATHERO-SC	LEROIIC	T)E	$\pi r \downarrow \nu$	TJEHJE				
D	lew requires that the es been signed by th 2 should be detache	B						24a. Was a		24b. Wers	e eutopsy findings able prior to
00		Set						perform	1007	comp	pletion of cause
Re	The le	Completed						.04	s 2MNo		
a	oertificate hes rector, page 2		25. Wes case referred to medical					1□ Ye		יטי	Yes 2□ No
=	icisu certii recto	Be C	examiner?	ospitel:	,	Oth	26. Place of Deeth				
of	Physician: rthis certific rral director,	T.	1 ☐ Yes 2 ☒ No	1 LI Inpatient 2 LZ	ER/Outpetient	3LI DOA	4 LI Nursing Ho	me 5 Reside			
n	ling After	lo lo	1 Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injur Wor		28d. Describe ho	w injury occur	90	
<u>S</u>	teath for: the	cat	2 Accident investigation 3 Suicide 6 Could not be				Yes 2 □ No				
Division of Vital Records,	frer c	Certification:	4 ☐ Homicide determined	28e. Plece of Injury - At he building, etc. (Specif)	ome, ferm, stre V)	et, fectory, office		28f. Location (St. City or Town		er or Rural F	loute Number,
	in Dell										
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	(Check only 2 Medical Examin	ician: To the best of my know er: On the basis of examinet	wiedge, deeth	occurred et the tin	ne, dete end plece, o	end due to the ca	use(s) and me	enner as stet	ed. ne cause(s)
	the ling the line line line line line line line lin		une)	end menner steted.							
	To	Σ	29b. Signeture and title of certifier	ganda		29c. Licens	e number	25	9d. Dete signe		
			V. Anna	()		me	064		3-	7-96	2
			30. Neme end eddress of person who cor	mpleted cause of deeth (Item	23e) (Type, P		AAH.				
			Vidyasagar Anmangandl				Box 282. C	harlotte I	Hall. Md	20622	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's Signe	ture		,		,		
	Registr		MAR 1 1 199	6 Julia attent	dear Rand	all					
			THE T IOC	0							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	Ame	nde	State of Maryland / Department of Health and ed # 1, 3/11/96, JW, Montg. Cty. Certificate of Death	Mental Hy	rgiene 96 Reg. No.	08201
	Physici /Medic Examir	al	1. Decedant's Name (First, Middle, Last) ASIR SHIMA 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or	2. Data of De Month MAR (F Location of Deet	Dey Y	aar 3. Tima of Death
	Funeral Director		Shady Grove Adv Hospital Rockvill 5. Social Security Number 6. Sax 1	8. Dete of Bill May 20	Montgo Av. Year 1927 U	mery Birthplaca (State or Foreign County) kraine
	Maryland f ehow	or	Usual Residence of Decedant 10e. Stata 10b. County 10c. City, Town or Location MD Montgomery Takoma PArk			10d. inside City Limits 12 Yas 2 □ No
	th with the Marylar 23a or 28a-f ehow	al Director	10e. Street and Number 10f. Ztp Code 7620 Maple Ave #516 20912		10g. Citizan of Who	at Country?
020	filed within 72 hours efter death with the Maryland Hyglene. ther than "naturel", or ferns 23a or 28a-f ehow int, the Medical Examiner must be nouted	by Funeral	11. Maritel Status 12. Was Decedant Evar in U.S. Armed Forces? 1 Never Merriad 2 Married 3 Widowed 4 Divorced 12. Was Decedant Evar in U.S. Armed Forces? 1 Yas 2 No if Yas, Give Yaar or Datas:	Specify Yas or No to Rican, etc.)	14. Rece - Black, Specify:	American Indian, Whita, etc. White
21215-0020	filed within 72 ho Hygiene. ther than "natur ent, tre Med call	Completed	15. Decedant's Educetion (Specify only highest grada complated) Elamantary/Secondery (0-12) Collage (1-4or 5+) 4 16a. Decedent's Usuel Occupation (Giva kind of work done during most of work infa. DO NOT use retired) Engineer	rking	18b. Kind of Busin	
Maryland	od iei	To Be C	17. Falhar's Nama (First, Middle, Last) 18. Mother's Nam	ma <i>(First, Middle</i> nnah Ais	, Malden Sumeme)	Cal
d)	and lealth m 27 her t		19a. Informent's Neme/Ralationship (Type, Print) Alex Zbarsky/Son In Law 19b. Meiling Address (Street and Number or Ri 2329 McCormick Rd. Rd.	ckville	, MD 2085	0
Baltimore,	t. Pages rtment of rtant: If it ijury or o		20a. Method of Disposition 1	3/4/96	Olney, M	
Bal	Depariment in post in		21. Signature of Funaral Sarvice Lichnon 22. Name and Addrass of Facility Edward Sagel Funer 1091 Rockville Pik	e Rockv	ille MD 2	
The same	Physician /Medical	-e	23a. Part. Enter the disease of complicetions that caused the death. Do not anter the mode of dying, such as cardier shock, or heart failure. Immediate Causa (Finel disease or condition resulting in death) a. MULTIFE TRAUM problems of the consequence of:		91651,	Approximate Intervel Between Onset and Death
Box 68760,	death certificete be executed a attanding physician end of for use as the burlet-transit	n/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disaasa or Injury thet initieted evants resulting In death) Last b. Dua to (or as a consequence of): c. Dua to (or as a consequence of):			
s, P.O. B	that the led by th detache	by Physician/Me	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.			bute to the cause of death?
Records	ew requir	Completed b			s an autopsy ormad?	24b. Wara autopsy findings eveilable prior to complation of cause of death?
Vital	Physician: The I	o Be Co	Hospital: Other:	ath (Check only		1 Yas 2 No
Division of	After fune	Certification: To	TSylas 2 No	28d. Dascribe HIT 28f. Location (City or To	idance 8 Other in how injury occurred Sy (Street end Number wn, State) He, Correlations C	Or Rural Route Number,
	To the Hospital or Attend within 24 hours after deati To the Funeral Director: completely filled in by the	Medical C	29e. Cartifiar (Check only one) 29b. Signatura and titla of optilier 29c. License number	e, end dua to tha	ceusa(s) and mann	ar as stated. If due to the ceuse(s)
	1		30. Nama end address of person who completed ceuts of death (them 23a) (Type, Print) FRANCIS C MAYLE 10215 FERNWOOD RD BET 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura			
	Sta Registr	700	TRANCIS C MAYLE 10215 FERNWOOD RD BET 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura MAR 06: 1996	Hesba	100 2	017



ITEMS: 23 PART I, PER DR. FILM G-733 3/28/96 t.t

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State of Maryland / Department of Health and Mental Hygiene

08202

Department of I	lealli allu	Melitai	Hygie
Certificate of	Death		10000

				Certificate	of Death	R	eg. No.
Physician /Medical	1. Decedant's Nema (First, Middle SUE LYN)		VETT	SMITI	74	2. Data of Deat Month	Day
Examiner	4a. Fecility Nema (If not institution	on, give street and n	um <i>ber)</i>		4b. City, Town, or	Location of Death	40.0
	Carroll Coun	ty Genera	1		Westmin	ster	Ca
uneral	5. Social Security Number	6. Sex	7. Age (In yrs. las	t birthday) If Under 1	Year if Under 24 Hrs		Year)

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, if a Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

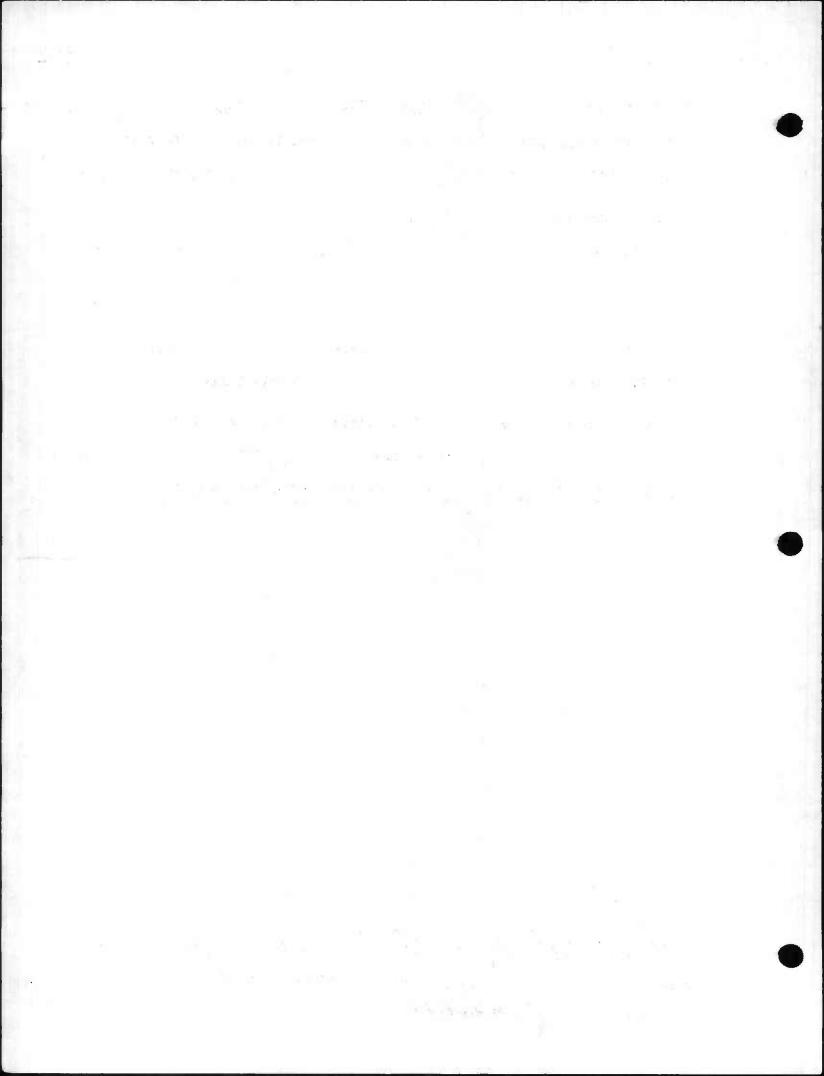
Physician /Medical Examiner

To the Hospital or Attending Physician: The lew requires that the death certificate be assected within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

1. Decedant's Nema	(First, Middle, La					1		2. Data of Deat	h Day	Vasa	3. Tima of	Death
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4a. Fecility Nema (If n	ot institution, giv	e street and numbe	or)			4b. City,	Town, or L	ocation of Death	4c. County	of Death		
Carroll	County	General				Wes	tmins	ter	Carr	o11		
5. Social Security Nur	nber 6. S	Sex 7.7	Age (In yrs. I	last birthday)	If Under 1		der 24 Hrs.	8. Data of Birth (Month, Day,		9. Birthpl	ace (Stata o	r Foreign
579-34-2	697	I□M ŽČXF	65	Yrs.	Months	Days Hou	rs Min.	May 17	1930	Virg	inia	
Usual Rasidance of D								114) 27	, , , , , ,	, , , ,	,	
10a. Stata	0b. County		10c. City	, Town or Lo	ocation					10	d. Inside Ci	ty Limits
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10e. Street and Numb		1			10f. Zip C	ode 21771		1	10g. Citizen of Whet Country? United States			
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(Specify	only highast gri	da complated)		(Giva	dant's Usual kind of work	dona during n retired)	nost of wor	king	16b. Kind of B	usiilass/iilu	ustry	
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Erskine		<u> </u>						e Lawhor		110)		
19a. Informant's Nam								ral Routa Number			Code)	
Christin	e Harvey	y Dau	ghter	232	3 Gill	is Rd.	, Mt.	Airy, M	D 21771	L		
20e. Method of Dispos		10		laca of Dispo	sition (Nema	of ar place)	i	1,000	20c. Location			
1 €948 uriel 2 🗆 6 4 🗆 Donetion 7 5		Ramoval from Stat	Gat	e of	Heaven	F7	3/	5/96	Silver	Spri	ing, M	D
21. Signature of Juna			_	22	2. Name and	Addrass of Fa	cility					
700	11	1/001	1-	// H	ines-R	inaldi	Fune	ral Home	, Inc.			
1 some	10/	HOLL	an					e Ave.,S		Spring	, MD 2	090
28a. Part1. Entar tha shock, or haart	disease, or com eilura. List only	plications that cause one cause on each	ed tha daath lina.	n. Do not ent	ter the moda	of dying, such	as cardiac	or raspiratory arm	est,		Approximate Intarvai Bet	ween
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Pert II. Other significa	ent conditions c	ontributing to death	but not resu	ilting in tha u	ndarlying cau	isa given in Pe	ert I.	23b. Did to	bacco use co	ntributs to	the cause o	of death
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										T		
								24a. Was a		ava	re autopsy f ilabla prior t	0
										con	npletion of c leath?	ausa
								1 □ Ys	s 20 No	1 -	Yas 20	No
25. Was case rafarrac	to medical					26 D	ace of Dec	th (Check only on			7-	
axaminar? 1 ☐ Yas 2 ☐ No		Hospital: 1- Inpa	tient a 🗆 I	ER/Outpatler	nt 3□ DOA	Other				nr /C	d	
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1 Naturel	5 Pending	(Month, L	ley Year)	Injury	м 200	: Injury at Work? 1 ☐ Yas 2	□ No		,21, 00001			
2 ☐ Accident 3 ☐ Suicida	Investigation 6 Could not be		atus di	11 x 15 10 1			**	004			Don't 11	A
4 ☐ Homicida	detarmined	28a. Plece of Inbuilding,	njury - At ho atc. <i>(Spacify</i>	ma, farm, str ')	aat, factory,	Ottice		28f. Location (St City or Town		per or Hural	Houfa Num	Der,
	/											
29a. Cartifiar 15 (Check only 25 one)	☑ Certifying Ph ☐ Medical Exam	ysician: To the bes niner: On the basis and mannars	of axaminati	vledge, deeth ion and/or in	n occurred at vastigation, in	tha time, dete n my opinion, d	end place deeth occur	and dua to tha ca rrad at tha tima, da	usa(s) and mate and place,	annar as sta and dua to	ated. the causa(s)
29b. Signature)and titl	e of pertifier	Λ	,		29c. l	icensa numb	er	2	d. Data signa	id (Month, L	Day, Year)	
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Van	11.70	muy	ny,	1001/		000	- 1	/	1000	(//	171	0
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State Registrar 11. Data filed (Month, Day, Year)
MAR 06 1996



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State of Maryland / Department of Health and Mental Hygiene 96

						Certific	ate o	f Death		Red	. No.	0 (00200	,
			1. Decedent's Neme (First, Middle, La	ist)						Dete of Deeth	17.11		3. Time of Death	
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X.	/Medi Examir		4e. Fecility Neme (If not institution, given					4b. City, Tow			4c. County	of Deeth		V 4
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п	Director		498-20-7294	1□M 2및F	0.2	Yrs. Mon	ths Dey	s Hours		Month, Dey, Y			•	
Ш.			Usuel Residence of Decedent		93					ay 18,	1902	Miss	ouri	
	within 72 hours efter deeth with the Maryland ene. then "natural", or itema 23a or 28a-1 ahow ha Medical Examiner must be mortified at		10a. Stete 10b. County		10c. City, Tow	n or Location						10	d. Inside City Limit	ts
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	the 28s	Director	10e. Street end Number	egomet y	ье		. Zip Code	,		100	. Citizen of V	Whet Count	n/?	ja vename
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	n 72 hours efter deeth with the Manyan "natural", or itema 23a or 28a-1 ahow od cal Examiner must be notified at	Funeral	11. Meritel Stetus	Armed Forces?		if Yes,	specify Cu	Hispenic Orig ıban, Mexican,	Puerto Rica	n, etc.)		e - America ck, White, e		
20	S of	by F	1 Never Merried 2 Married	1 ☐ Yes 2 ☑ I If Yes, Give	No	1 □ Ye	s 2√2 N	o Specify:			Specify	/:		
8	nonin nonin		3 X Widowed 4 □ Divorced	Yeer or Detes:								Whit		
5	d within 72 ho piene. r than "netur the Medical	Completed	15. Decedent's E (Specify only highest gro	ducetion ade completed)	16a.	Give kind o	f work don	e durina most	of working	16	b. Kind of Bu	usiness/Indi	ustry	
12	within than	I de	Elementery/Secondery (0-12)	College (1-4or 5		life. DO NO		/						
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Ē	be filed ttal Hygi d other event, t	Be	17. Fether's Neme (First, Middle, Last	,				18. Mother	's Neme (Fir	st, Middle, Me	iden Sumem	10)		
X		10	Charles Cost Win	cts				Ste:	lla Gr	ace Ei	dson			
Maryland 21215-0020	d 2 should be f th end Mental I 7 is marked of traumatic eve		19e. Informent's Neme/Reletionship (Type, Print)	19b	. Meiling Add	ress (Stre	et and Number	r or Rural Ro	ute Number, C	City or Town,	State, Zip	Code)	
	D = -		Suzanne G. Poll		430	Ol Car	riage	Court	Kens	ington	.Marvl	and	20895	
Sre	ges 1 and of Heali If hem 2 or other		20a. Method of Disposition		20b. Piece o cemete	f Disposition	(Neme of or other p	lece)			c. Location -			
Ĕ	Pages nert of int: If the ary or o		1X Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special			ial Pa		,	3161	06 64	Tared	- W4 -		
altimore,	교 된 된 등 .	1	21. Signature of Funerel Service Lice	nsee O	riemoi.			ress of Fecility	3/0/	96 St	LOU1	S,M1S	souri	_
ä	Depermination of the series of		DI Judan V	1/1//		Franc	cis J	. Coll:	ins Fu	neral 1	Home,	Inc.		
	_		23a. Pert Enter the diseese, or com shock, or heart feilure. List only	J-Love	d the death. De	500_1	Jnive	rsity I	Blvd.,	W. Sil	Spr.,	MD 2	0901	
			shock, or heart feilure. List only	e ceuse on each li	ne.	IIOL BIILBI (IIB	illode of d	ying, such es c	ATOREC OF THE	plietory arres			Approximate Intervei Between Onset end Death	
	Physician /Medical		Immediete Ceuse (Finel diseese or condition resulting in deeth) e. Cerebrovas cular accident										1 1	
	Examiner												4 days	
		-	Tooling at ooding		Due to (or es a	consequence	of):					1	l	
	Da #s	Examiner		b. ————								1		
	and Arran	xan	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or es e	consequence	of):							
68760,	cian ourla		ceuse. Enter Underlying Ceuse (Diseese or injury	C										
87	eeth certificate be executed ettending physician and for use as the burlal-transit	Medicai	Ceuse (Diseese or injury thet initieted events resulting in death) Last		Due to (or es e	consequence	of):							
9 x	ing p	Me		d								į		
Bo	deeth c	lan		0										
0	70 00	Physician/	Pert II. Other significant conditions of	ontributing to death b	ut not resulting in	n the underlyi	ng cause (given in Pert I.		23b. Dld tobe	acco use cor	ntribute to	the cause of deat	h?
P.	of the	Phy								1 🗆 Yee	2 No	3 Prob	ably 4 donkno	wn
		þ	-											
Records,	= 00 D	8								24e. Wes an	eutopsy	24b. Wer	re autopsy findings ilable prior to	į.
ပ္ပ		ojet								penome	ou r	com	npletion of cause leath?	
æ	0 - 0	Completed								1 ☐ Yes	2 10 No		Yes 2□ No	
Vital		Ö	25. Wes cese referred to medical						100000		ZISPINO		Tes ZLINO	
5		00	examiner?	Hospitel:				Whor		eck only one)	- 50			
of	Physical distribution	. To	27. Mennes of Deeth	28e Dete of Inju		itpatient 3L Time of	DON	4 🗆 1401		5 Resident			1	
NO.	After fune	Fig	1 Naturei 5 Pending	28e. Dete of Inju (Month, De	y Year)	njury M	28c. Inj W	ork? ☐ Yes 2 ☐ N		Describe now	injury occurr	60		
3	Attending r deeth. actor: Afte by the fune	cal	2 Accident Investigation 3 Suicide 6 Could not b	Α	All					anation (Cton	at and Mumb	ar or Dural	Claude Mumber	
Division	or A Niter Direct in by	Certification:	4 ☐ Homicide determined	28e. Piece of Injubulding, etc	c. (Specify)	irm, street, re	ctory, onic	9	201.	City or Town,	Stete)	er or nurar	Route Number,	
_	To the Hospital or Atlanding Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral		20a Carillar	matelia e e					1					
	Hos 14 ho Fune tely f	edicai	(Uneck only 2 Medical Exar	nysician: To the best on miner: On the basie of	examinetion en	e, deeth occur d/or investige	red et the tion, in my	time, dete and opinion, deeth	piece, end on occurred et	the time, dete	se(s) end me e end piece, :	enner es ste and due to	ited. the cause(s)	
	To the Hospital within 24 hours of To the Funeral I completely filled	Med	onej	end menner sta	ated.									
	S J M	-	29b. Signeture end title of certifier	A		-	0 -	nse number	1 -	290	I. Date signer	u (Month, E	rey, Year)	
			June Elli	KIMIN M.	D.		リス	33921	yardan	d M	arch a	2, 199	6	
	10		30. Name and address of parson who	completed ceuse of d	leeth (item 23a)	(Type, Print)	, ,1	D.	8	1, ,1	1	1	2001	
			James F. U	Jilson, Jr.	11125	Kock	Sville	Pike.	noci	Kville.	Maryla	and	20852	
	Sta	te	31. Dete flied (Month, Day, Year)	N.T.	er's Signeture			-			0			
	Registr	ar	MAD OF 1	nnc di	De is d	0 0								

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						NEG. I	10.		
	1. DECEDENT'S NAME (First, Middle, Last)	11=				2. DATE OF OEATH	DAY	76 3	TIME OF DEAD
	KONNE 9. TUN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGI	E (In yrs. last birthde	ly) IF UNDER 1 Y	(FAR II	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
	579-54-5023 10 M 2 NF 5	53 YRS	MONTHS D	DAYS H	OURS MIN.	(Month, Day, Year	42	Country)	INGTON, DC
OR	99. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSP1TAL				SPRING	ATH		NTGOM	
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	10c.	CITY, TOWN OR	LOCATION	N			1	od, INSIDE CITY
DIRECTO	MARYLAND MONTGOMERY		OWIE					1	LIMITSXX
FUNERAL	100. STREET AND NUMBER 2801 STONYBROOK DRIVE			101. ZIP CODE 109. CITIZEN OF V UNI TED					STATES
	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 YE		13. WAV	S DECENI	DENT OF HISPANI	C ORIGIN? (Specify , Puerto Rican, stc.)	Yes or No-	14. RACE - Black, \	- American Indian, White, atc.
à	3 Wildowed Olivorced IF YES, GIVE WAR OR			YES 2				Specify:	WHITE
I ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	of work done duri		of working	16b. KIND OF	BUSINESS/INC	USTRY	
ZE!	Elamentary/Secondary (0-12) College (1-4 or 5+)		T use retired.)	O3T A	COTOMAN	m menen	AT COT	ed Mee	NTTT
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	ADMINI	STRATIC		SSISTAN'	T FEDEK. ME (First, Middle, Mail	AL GOV	EKNME	NI
ARTHOR STRINIZIN									
0	JENNIFER LAWRENCE (DAUGHTER)	196. MAIL 1372	PIPI	NG R	OCK LAN	oute Number, City or E—HOUSTO	N, TEX	AS 77	077
20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 3-3							URCH,	VIRGINIA	
	SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS INC.								
	Joanh a Ofr.	ne							RYLAND 2085
	23. PART I. Enter the diseases, or complications that caus shock, or heart fellure. List only one cause on iMMEDIATE CAUSE (Final disease or condition resulting in deeth) OUE TO (OR AS	eech line.	BO CYTOP		- Puep				Approximate interval Between Onast and Death
RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):								
S	DART II Other significant and dates a stable to a stable							_	
DICAL	PART II. Other significent conditions contributing to death	Dut not reauttii	ng in the unde	eriying c	ceuse given in i	PER	AN AUTOPSY FORMED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M					/				☐ YES 2 ☐ NO
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE				UNCERTAIN				
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	ly one)					
2	1 ■ YES 2 (1) NO 1 Impetient 2 □ ER/O					8 Other (Specify)			
ВУ РНУ	1 Netural 5 Pending (Month, Day, Year	200.	INJURY	8c. INJUR WORK 1 YES	S 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED	
EC	3 Suicide 8 Could not be detarmined 288. PLACE OF INJU building, atc. (S)	RY — At home, tar pecify)	m, street, tectory	y, offica		28f. LOCATION (Str City or Yown, S		or Rural Rou	ite Number,
TIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
3	1 11 11 11	non and/or investig	istion, in my opii						
O BE	SIGNATURE AND THE CONTROL OF CERTIFIER ATTENDING			2	D 24 8	86	29d. DAT	E SIGNED (A	Month, Day, Year)
=	30 NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF MORE AND 980 64	DEATH (ITEM 27) (Type, Print	in	SPEING ,	Mn			
	31. DATE FILED (Month, Depurber) 32. REGISTRAR'S SI	GNATURE			, , , , ,				
	שנישות שניים וויייי	ACHARTA							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dey 1996 Physician Month March 2, Elizabeth Schnitzer 9:30 AM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Silver Spring Montgomery 312 Willington Drive If Under 24 Hrs. Hours Min. If Under 1 Yeer 8. Dete of Birth (Month, Dey,) Jan. 25, 5. Social Security Number 7. Age (In yrs. last birthdey) Birthpface (State or Foreign Country)
 Alabama **Funeral** Months 1 M 2/0 F 92 064-16-6606 Yrs Director Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ed other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at 1 Yas 2 No Directo Montgomery Maryland Silver Spring 10f. Zip Code 10e. Street and Number permit. Peges 1 and 2 should be filed within 72 hours after death with a Department of Health and Mentel Hygiena. Important: If frem 27 is marked other than insturest, or items 23a or 2000s. 10a. Citizen of Whet Country? 312 Willington Drive 20904 Funeral United States 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 ☐ Yes 2√☐ No P Specify: 3XXWidowed 4 ☐ Divorced White Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be George Washington Robison Charlotte Gilbert Annie 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 312 Willington Dr. 20904 Roger W. Mason Silver Spring, MD 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2XXCremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3-3-96 Beltsville, Maryland Chesapeake_Crematory 21. Signature of Funeral Service Licenses 22. Neme end Address of Eacility
Rapp Funeral Services, P. A. lee 933 Gist Avenue, Silver Spring, MD 20910 23e. Part1. Enter the disease, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Ceuse (Finei Arteriosclerotic Heart Disease disease or condition resulting in death) Years Examiner Due to (or es a consequence of): Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of) physicien The law requires that the deeth certificate be Physician/Medical tha Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t d be datech 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ YUnknown ò 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Deed page 2 s 2X No 1 Yes 2X No certificata Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 X Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of After 1 Naturai 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 ☐ Accident

Box 68760, Division of Vital Records, P.O. Hospital or Attending Physician: death. efter death Director: / 2 in 24 hours the Funeral Dire within 2 To the I the

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 🖄 Cartifying Phyeician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and menner as steted. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) end manner stated. 29c. License number 29b. Signeture and title of certifier 29d. Date signed (Month, Day, Year) One March 2, 1996 D 08546

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

8218 Wisconsin avenue, #318, Bethesda, MD 20814 John F. Tauber, M. D.,

31. Date filed (Month, Dey, Year) ~ MAR 04 State 04 1996 Registrar

3 ☐ Suicide

edicai

32. Registrar's Signature

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

RT,	Montgomer	cy Cour	nty				
	STATE OF MAI	RYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE

		REGISTRAR		CI	KIIFI	CATE	OF DEATH	REG. NO	1.	
		1. DECEDENT'S NAME (First, Middle, Last)	0 111					2. DATE OF DEATH	AY	3. TIME OF DEATH
			Summerville					March 3	19	96 2:14 AM M
		4. SOCIAL SECURITY NUMBER		E (In yrs. les		IF UNDER 1 YE		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)
		254-01-5628		17 7	9 YRS.	DA DA	VS HOURS MIN.	Feb. 27, 1	917	Georgia
		9e. FACILITY NAME (If not institution, give s				9b. CITY, TO	WN OR LOCATION OF D	DEATH	9c. COUN	TY OF DEATH
î	DIRECTOR	Holy Cross Hos	pital			Silve	er Spring		Mon	tgomery
	<u> </u>	RESIDENCE OF DECEDENT	Y Diobered		100 CITY	TOWN OR LO	2C47ION			
·			gomery-				Spring-	Δ .		10d. INSIDE CITY
		10e. STREET AND NUMBER	Bomery		3-1	TAGE	101, ZIP CODE	August	7	Y YES 2 NO
	A.	2501 Musgrove R	aad 2002 D				20904			EN OF WHAT COUNTRY?
	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER				20301	30904		ted States
		1 Never Married 2 Married	FORCES? 1 YE	S 2 X		If yes	s, specify Cuben, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.
	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 🗆	YES 2 NO Spec	lfy:		specifyWhite
	ED	15, DECEDENT'S EDU	CATION	16a, DE	CEDENT'S L	SUAL OCCUP	PATION	16b. KIND OF BU	SINESS/INDI	ISTRY
	ET	(Specify only highest grade	Completed) College (1-4 or 5+)	(Gi	tve kind of wi Do NOT use	retired.)	g most of working			
	P	12	+2	Su	perti	ndent	üperintend	dant Texti	le Co	mpany
ouce	COMPLET	17. FATHER'S NAME (First, Middle, Last)			7		18. MOTHER'S N.	AME (First, Middle, Malden		
75	BE	Samuel Summe:	rville				Mamie	Hanson		
THe C	TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	DDRESS (Str		Route Number, City or Tow	m, State, Zip (Code)
9	F	Bessie S. Summy	merylle Wil	e	2501	Musgi	cove Road,	Silver Sp	ring,	MD 20904
4		20a. METHOD OF DISPOSITION 1 X Youriel 2 Cremation 3 Rem	2 ml (m = 5111	0b. PLACE	NDDATEO	DISPOSITION	(Name of			Ity or Town, State
Ē	: 1	4 Donation Other (Specify)	Ovali from State	West	matory or oth over	Memori	ial	3/8/96 Au	gusta	. GA Ga.
ine		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1			E AND ADDRESS OF F	ACILITY		
жаш		Many ST	400 mm	0				Funeral H		
removal		21 PART I. Enter the diseases, or o	complications that cause	ed the de	eth Do no	11100	JU New Ham	psnire Ave	.,S11	ver Spring, MD
or removal. medical examiner must be notified at once.		snock, or neert tellure.	List only one cause on	esch line.		t enter the	mode of bying, so	on se cerolec or resp	ratory arre	interval Between
		IMMEDIATE CAUSE (Final disease or condition	Seb	600						Onset and Death
ent,		resulting in dasth)	DUE TO (OR AS		-					
nior to burial, cremation, traumatic event, the	_		13:101	710	~D	Pn	Osmon	1 4		less
to bu	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEC	UENCE OF		200		-	Than
	S	cause. Enter UNDERLYING	Menon	2 F	eu	lin	e se	wieller	Dia	1. one
or other	RTIFI	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEC	UENCE OF)			nydia		INVERIC
e Fy	CERI	resulting in death) LAST	d							/
Injury,	- 1	PART II. Other significent condition	s contributing to death	but not re	anultina la	the under	ulaa sausa aluus ta			
any in	DICAL	Alzhein	0		ear		ying ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Ars all			-00				-	1 🗆 YES 2	NO	OF DEATH?
9 6	Σ		Porter			U Para Para Para	The state of the s			1 TES 2 NO
23 Eg	AN	DID TOBACCO USE CONTI	KIBUIE IO CAUSE			□ NO		N M		
State Dept.	SICIAN:	EXAMINER?	HOSPITAL: V	- Colorada C		(Check only of OTHER:				
e 2	НХ	27. MANNER OF DEATH	28a. DATE OF BLIUM	ripatient 3	DOA I		tome 5 - Residence	_		
is marked,	٥	Pending 5 □ Pending	(Microth, Chay, Year)		INJU	RY	INJURY AT WORKT	284. DESCRIBE HOW I	HURY OCCU	MED
death s mar	BY	2 Albident Investigation 3 Suitcide & Could not be	25e. PLACE OF INJUI	IV — At how	no term at	_	YES 2 NO	***************************************		
after 28 is	8	4 Homicide 8 Could not be	building, etc. (Sp	ecity)	ne, terror, an	out, ractory, o	rtice	281. LOCATION (Street a City or Town, State)	ind Number or	Plural Ploute Number
Hem	9	29s. CERTIFIER								
	MPL	Check only CEHTIFYING PHYSI	CIAN: To the best of my kno							
METH	8			lon and/or Ir	rvestigation,	In my opinio	n, death occured at the	time, data and place, an	d due to the	cause(s) and manner as stated.
MPORTANT: If	BE	MEMATURE AND TITLE OF CERTIFIES	0 11- 1	AH	end	mg	29t. LICEMSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
2 8	9	111111111111111111111111111111111111111	KMP.	Ph	you	jach	1298	16	> 3	5/3/96
		Dr. Radhey Murar	ka. 50 West	Edmo	TISTOT	Driz	e Rockyd	11a MD		
					110 001	DETA	-, RUCKVI.	rie, IID		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							
L	_	MAR 0.7 1996	John Devole	or have	tally					
			1.4							

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Supertindent

Samuel Summerville

Bessie S. Summverville

Mamie Hanson

2501 Musgrove Road, Silver Spring, M

Westover Memorial Til J. Helland

3/8/96 Augusta,

Hines-Rinaldi Funeral Home, I

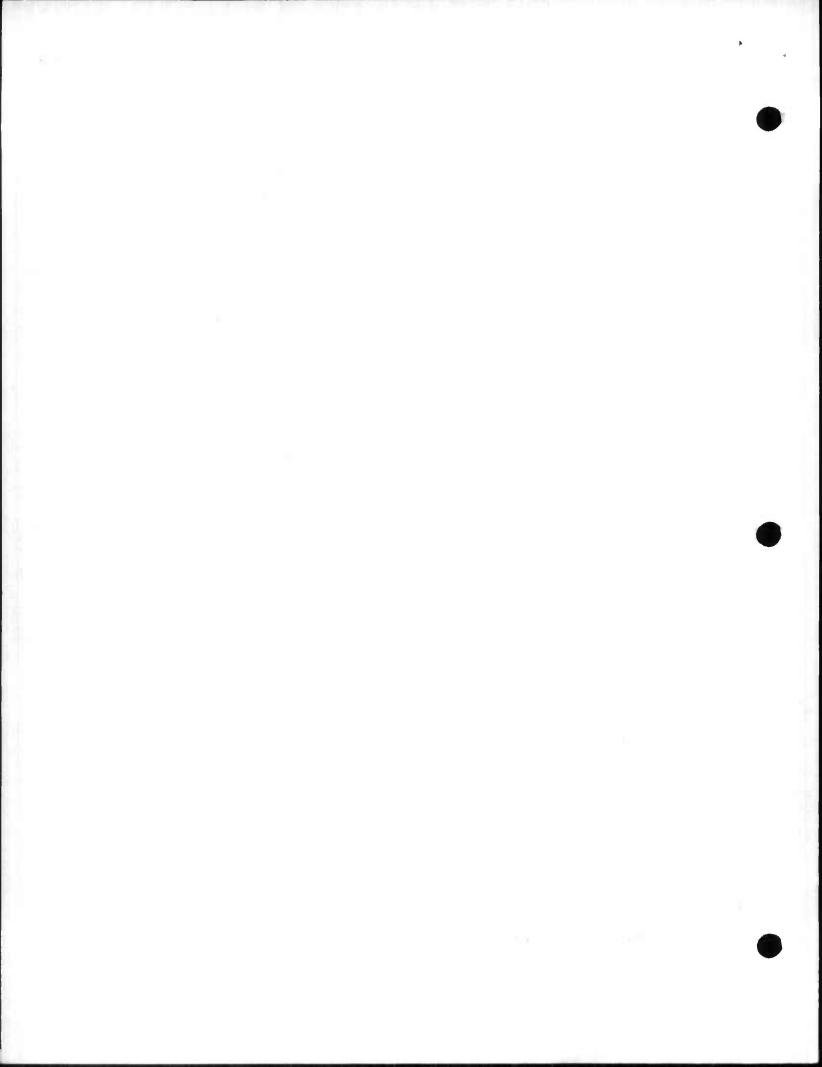
11800 New Hampshire Ave., Silv

Wife

Septis Bildhar Chemana Neuse Feilire Delighert

	FOR	OTATE OF MADULAND A DEPARTMENT OF THE PARTMENT	
		SIALE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL LIVE	JEME.
1 .	STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYG	ALCINE.
	REGISTRAR		
	REGISTRAR	CERTIFICATE OF DEATH REG	NO

			REGISTRAR		CERTI	FICATE (OF DEATH	REG. NO).	
-			1. DECEDENT'S NAME (First, Middle, Last)	Nat:	alie Proud	lfit Sm	i +h	2. DATE OF DEATH		3. TIME OF DEATH
			DATALLE	SM171	11.16 11.00c	IIIC DIIL	LCII	March 6,		EAR
			4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday	F UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		6:40 Am
			136-24-3545	1 🗆 M 2 🔯 F	96 YRS.		YS HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	3				96 Ths.			March 16,		New Jersey
	binonia	~	9s. FACILITY NAME (If not institution, give s				WN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
	2, 3	CTOR	Shady Grove Adver	itist Nursi	ing Center	Roc	kville		Mor	ntgomery
	45 —	[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT							
	2	DIRE	2000		10c. C	ITY, TOWN OR L				10d. INSIDE CITY LIMITS?
	permit. Pages			Jomery		Der	wood			1 YES 2 NO
		NA.	10e. BTREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
	n. ansi	iii	16601 Briardale F	toad			20855		United	d States
0	physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No 14.	. RACE — American Indian,
000	£ 3		1 Never Married 2 Married 3XXWidowed 4 Divorced	IF YES, GIVE WAR			s, specify Cuben, Maxic YES 2 X NO Spec			Black, White, etc. Specify:
5-0020	as the	ВУ	TELEVISIONE CONTROLLED							White
2	use a	8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind o	S USUAL OCCUI	PATION g most of working	18b. KIND OF BU	SINESS/INDUS	TRY
21	al or	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	y most or working			
9	ospit thed	4		2	Libra	rian		Seton	Hall Ur	niversity
RYLAND	the hospital or attending physician, detached for use as the burial-tran once.	ō l	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'B N	AME (First, Middle, Maiden	Surname)	
۲	8 8 8		Edwin Burri	tt Proudfi	it		Mabe	Mabel Spear		
A.	5 should	BE	19s. INFORMANT'S NAME (Type/Print)		19b, MAILIN	LING ADDRESS (Street and Number or Rural Route Number			un State Zin Co	vdal
MA		5	Dudley Cooke Smit	h. Jr.				Long Poin		
шÎ	page page		20a. METHOD OF DISPOSITION	,						
C	e 6 may ector, p		1X Burial 2 Cremation 3 Ram	oval from State	20b. PLACE AND DATE cerpetery, cremetory or	other place)	N (Name of	DATE 20c. LO	CATION - City	or Town, Stata 1, New York
TIMOR	0 0 -		4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	aruber.	HIIIside	Cemete	ry March	11,1996 Pe	ekskill	L, New York
E.	death. Pag tuneral di l. examiner		21. SIGNATURE OF POWERAL SERVICE LIC	7 4/		U.S. NAM	E AND ADDRESS OF F	ACILITY Robert	A. Pun	mphrey Funeral
AL	death. e funeral		Muchele (8	1-95WII	M003	48 Rock	ville. Ma	ryland 208	JU W. M 850-280	Montgomery Ave
0.0	E 3 & s		23. PART i. Enter the diseases, or o	complications that ce	bused the death. Do	not enter the	mode of dving. sur	ch as cerdiec or man	iretory arrest	, Approximata
_	filled in to on, or re		anock, or neart failure.	List only one cause	on aach line.		•	The second of reap	matory arreat	Interval Between
	P 0 # 5		iMMEDIATE CAUSE (Final disease or condition	0.0	0	01				Onset and Death
0	ompletely fille cremation.		resulting in death)	·	luv	LOYU				WE-
68760	2 2 2 2			DUETTO (OR	AS A CONSEQUENCE	OF):	- ()		1	£ > 2
68	ation of	S	Sequentially list conditions,	a cex	COSON	(OV)	wow	r acc	der	11 /LYRS
	dan a	RTIFICATION	If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):							
B		3	cause. Enter UNDERLYING CAUSE (Disease or injury	coy	ales	INC	Hear	or ta	UU.	x /241
0	n certincal ending phy Hygiene p or other	# 1	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	2F):		0		
0		CER	resulting in death) Exs	d	yper	en	SWM			
S,	y the atterno Mental		PART ii. Other significant condition	s contributing to de	ath but not requising	de the restor	hulan sausa stuan ta	Post I as was a		
문	2 2 2	DICAL		- vonting to det	ath but not readifying	in the under	lying ceuse given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
00	res mat igned by ealth an	ă						1 YES :	NO	OF DEATH?
ĬŪ.	3 9 1 2	₩.								1 TYES 2 NO
	has been Dept. of 1 23 sho	AN	DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEATH Y	ES NO	☐ UNCERTAI	N 🗵		
VITAL		5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL	26. PLACE OF DE		one)			
5	certificate the State	Š	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER	VOutpatient 3 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)		
OF	this certifical with the St.	PHYSICI	27. MANNER OF DEATH	28a. DATE OF INJU		ME OF 28c	INJURY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED
2	fter this ceath with		1 Natural 5 Pending	(Month, Day, Y	(Bar)	JURY M 1	WORK? ☐ YES 2 ☐ NO			
DIVISION	OR ALLENDING PINE DIRECTOR: After hours after death	B	2 Control	28s. PLACE OF IN	JURY Al home, farm.	street, factory,	office	28I. LOCATION (Street	and Number or I	Gural Bouts Musikas
S	28 L		4 Homicide 8 Could not be	building, etc.	(Specify)	,		City or Town, State)	ino realization of the	tuler House Number,
≥	DIRECTOR. hours after item 28	H	29a. CERTIFIER							
		₫ II	(Check only					to the cause(a) and ma		
	HOSPITAL FUNERAL WITHIN 72	COMPL	2 MEDICAL EXAMINE	R: On the bests of exami	Ination and/or investigat	lon, in my opinio	on, death occured at the	time, data and place, ar	d due to the ce	suse(s) and manner as stated.
	A B F F	m C	29b. SIGNATURE AND TITLE OF CENTIFIER	00			29c. LICENSE NU	MBER	29d. DATE SK	GNED (Month, Day, Ybar)
	TO THE PROSPITATION TO THE FUNERAL DE filed within 72 IMPORTANT: If	0	A. (n' Kan	· Mu		D35	792	AMA	RCH 6 1991
ì	- F & =	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED PAUSE O	OF DEATH (ITEM 27) (Typ	e. Print)	132 13			0,1116
	1		SILIARANI	S. Kai	2. 57		DMON	ISTON ?	DO V	RACKULLI
	-/	1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		27,0010	7 0,0 2	- 1	~ - 1- VI LLE
	1		2220	11. 4	P					
			MAR 07 1996	ytella attention	corpordale					



BALTIMORE, MARYLAND 21215-0020

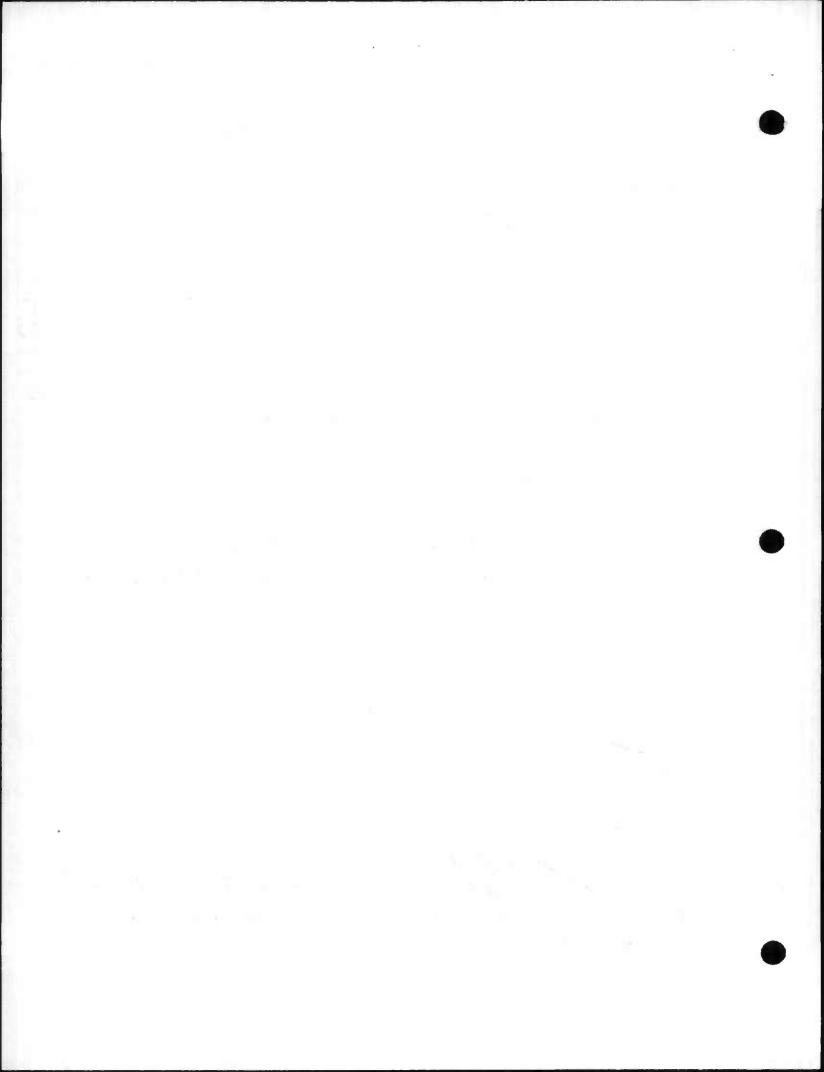
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or remonal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	4 /1				2. DATE OF DEATN		3. TIME OF DEATH
	WILLIAM	1 H.	5	HOCK	LEY	FEBRUAR	Y 27 14	96 3:15 pm
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. E	SIRTHPLACE (State or Foreign country)
	212-10-7610		O YRS.	and the days	moons win,	12-29-0	_	Maryland
œ	9a. FACILITY NAME (If not institution, give s	,			OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	Charlotte Hali	<u>l Veterans</u>	Hosp.	Charl	otte H	all Md.	St.	Mary's
2	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Md. WOI	ccester	Sn	ow Hill				1 X YES 2 NO
FUNERAL				101	21863		_	OF WHAT COUNTRY?
NE I	304 Park Row	12. WAS DECEDENT EVER	IN II C APPEC	40,000,000				U.S.A.
	1 Never Married 2XX Married	FORCES? 1 YES	S 2 NO	If yes, sp	ecify Cuban, Maxica	NIC ORIOIN? (Specify Yes in, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc.
ВУ	3 Widowed 4 Divorced	W.W.II,Co	ast Gua	rd ''''	2 XNO Specif	у:		white
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON ast of warding	16b. KIND OF BUS	INESS/INDUST	
삗	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Iffe. Do NOT u	se retired.)				ty Board
COMPL	17. FATNER'S NAME (First, Middle, Last)		School	Bus Co	ntract			on
	Aurelius P. Sh	nocklev				ME (First, Middle, Maiden Gordy Sh		37
8	19a. INFORMANT'S NAME (Type/Print)	10011101	19b. MAIL INC	ADDRESS (Street a		Route Number, City or Town		_
2	Hilda Shockley	7				w Hill, M		
	20a. METHOD OF DISPOSITION		D. PLACE AND DATE	OF DISPOSITION (No			CATION — City	
	Buriel 2 Cremation 3 Rame		Christi	ther place) an Ceme	terv	3/1 Sn	ow Hi	11, Md.
ļ.	21. SIONATURE OF FUNERAL SERVICE LIC			22. NAME AP	O ADDRESS OF FA	CILITY		
_ 1	Patricia	L. Der	isis			eral Home Md. 2186		. BOX 8/
	23. PART i. Enter the diseases, or o	omplications that cause	ed the deeth. Do	not enter the mo	de of dying, suc	h as cardled or respin	ratory srreat,	Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List Drily Dne ceuee on	eech line.	,				Interval Between Onset and Daath
	disease or condition resulting in death)	He	A CONSEQUENCE O	espirati	5 F	a, lare		
		DUE TO (OR AS	A CONSEQUENCE O		01	Vuel Pul		6
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE O	e Cho	1, 6	ruch rul	word	USIASU
8	If any, leading to immediate cause. Enter UNDERLYING							İ
	CAUSE (Disesse Dr Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				
H H	resulting in death) LAST	f						
AL C	PART II. Other algnificent condition	a contributing to deeth	but not resulting	In the underlying	g ceuse given in	Part I. 24a. WAS AN	WTOPSY	24b. WERE AUTOPSY FINDINGS
2	/	vernong	+ 0			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC				(ONO I	OF DEATH? 1 YES 2 NO
ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE (OF DEATH YE	SANO [UNCERTAII	v 🗆		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	28. PLACE OF DEA					
YSI	1 TES 2 AND	1 Inpetient 2 ER/Out		OTHER: Nursing Nom	e 5 🗆 Rasidenca	6 Other (Specify)		
	27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		URY WO	RK?	28d. DESCRIBE NOW IN	JURY OCCURE	D
ВҰ	2 Accident Investigation	28a. PLACE OF INJUR	N Albama Arma		ES 2 NO			
8	3 Suicide 8 Could not be determined	building, atc. (Sp.	ecify)	street, factory, offici		281. LOCATION (Street a: City or Town, State)	nd Number or Ru	iral Route Number,
	29a. CERTIFIER	Class To the best of an in-	unicida - de ath		Ses, de la discourt	umo V		
			wiedge, death occum					
N N		CIAN: To the best of my known of the basis of examinations of the basis of examinations of the basis of the b		n, in my opinion, d	eath occured at the	Hime data and place and	due to the cou	heated on segment has (along
COMPLETED		R: On the basis of examination		n, in my opinion, d				
BE	one) 2 MEDICAL EXAMINE	R: On the basis of examination		n, in my opinion, d	29c. LICENSE NUM			NED (Month, Day, Year)
	one) 2 MEDICAL EXAMINE	R: On the basis of examinati	on and/or investigatio					
TO BE	2 MEDICAL EXAMINET 396. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHITE TO JONATHAN Lowert	COMPLETED CRUSE OF D	on and/or investigation	Print)	29c. LICENSE NUN	ABER	29d. DATE BIG	NED (Month, Day, Year)
BE	2 MEDICAL EXAMINED 396. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CHUSE OF D 32. REGISTRAR'S SIG	on and/or investigation	Print) Soite 200	29c. LICENSE NUN		29d. DATE BIG	NED (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 90 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Murrell Eugene Savage 29,1996 1130 AM Feb. /Medical 4e. Fecliity Name (If not institution, give street and number) 4h City Town or Location of Deeth 4c. County of Deeth Examiner Huntingtown

If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) 5820 Carol Court If Under 1 Year 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthpleca (State or Foreign Country) **Funeral** Deys 108M 2□ F Yrs. 218-38-0356 56 Director May 10, 1939 Maryland Usuel Residence of Deceden the Marylend 10a. Stete 10b. County 10c. City. Town or Location 10d. inside City Limits 28a-f show rai", or items 23s or 28s-f shore Examiner must be notified at 1 Tyes 2000 Maryland Garrett 3308 Bumble Bee Road, Directo Accident 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 3308 Bumble Bee Road 21520 USA Pages 1 and 2 should be filed within 72 hours after death and Mental Hygiena.
Instit I Health and Mental Hygiena.
Instit I Hemz 77 is marked other than "natural", or Itema 23, mit; If Hemz 77 is marked other than "natural", or Other traumatic event, the Medical Examiner musit you other traumatic event, the Medical Examiner musits Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 X Yes 2 No if Yes, Give Yeer or Detes: 1962–63 1 XNever Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced white Completed 16a. Decedent's Usuel Occupation (Give kind of work done duning most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Attendant 1+ years Amusement Arcade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Oscar Savage Flora A. Galbreath 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 5820 Carol Ct., Huntingtown, MD George Savage, brother 20b. Pieca of Disposition (Neme of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete important: If it any injury or o 1 M Buriai 2 ☐ Cremetion 3 ☐ Removei from Stete Nethken Hill Cem., 4 ☐ Donation 5 ☐ Other (Specify) Mar 3, 1996 Elk Garden, WV 21. Signeture of Funeral Service Licenses 22. Neme and Address of Fecility Newman Funeral Homes, P.A., P.O. Box 275 23a. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete intervel Between Onset and Deeth Physician /Medical immediete Ceuse (Finel diseese or condition resulting in deeth) METASTATIC SQUAMOUS CELL CARCINOMA APAROX 9 mo Examine Due to (or es a consequence of): OF LUNG physician and s the buriel-transit The law requires that the death certificate be asscuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequença of): P.O. Box 68760. Physician/Medical Due to (or es e consequenca of) attending pt been signed by the a should be detached Pert il. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 16 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: director. 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funaral 28e. Dete of injury (Month, Day Year) 27. Menner of Death 28c. injury at Work? 28d. Describe how injury occurred 28b. Time of 1 PNeturei 5 Pending after death. 1 ☐ Yes 2 ☐ No investigation 2 Accident filled in by the 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pieca of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide within 24 hours a
To the Funeral C
completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) and menner stated. edicai 29a. Certifier To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Prince Frederick, MD

20678

DHMH 16 Rev 6/95 5+IVA

State

Registrar

Peter Wisniewski, M.D.
31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

Di Studior Ros

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 0 8 2 | 0

State of Maryland / Department of Health and Mental Hygiene

			Otato of the	arylari		Certificate o	f Death	, ,	eg. No.	
	Physic /Medi		Decedent's Neme (First, Middle, Last) Edwin	Р.	Smi	th		2. Dete of Deet Month March	Day Y	'ear OO:15
61	Examir		4e. Facility Name (If not Institution, give street end number)			4b. City, Town, or L		4c. County of	
			13502 Spriggs Rd.				Hagersto	own	Washi	ngton
	Funeral Director		5. Sociel Security Number 6. Sex 170 − 22 − 3052 100 M 2 ☐ F Usual Residence of Decedent	ge (In yrs. 68		Months Dev		8. Dete of Birth (Month, Dey, 4/26/1	927 S	9. Birthplece (State or Foreign Country) Penna.
	aryland show	_	10a. State 10b. County			or Location				10d. fnside City Limits
	he M	acto	MD. Washington	h	lager	rstown				1 ☐ Yes 2 ☑ No
	with t	급	10e. Street and Number			10f. Zip Code		1	0g. Citizen of Wh	
	eath 23	era	13502 Spriggs RD. 11. Marital Status 12. Was Decedent	Ever in II	S		740	acifu Vac or No.	U.S.A	American Indien,
Maryland 21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental thygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumetic event, the Machell Examiner must be notified at	by Funeral Director	1 Never Merried 2 🖾 Married 1 ∑ Yes 2 □ If Yes, Give Year or Dates:	WWII	,0.	If Yes, specify Co	f Hispenic Origin? (Spuban, Mexican, Puerto o <i>Specify:</i>	Rican, etc.)	Black,	White, etc.
<u>က်</u>	72 ho	eted	15. Decedent's Education (Specify only highest grade completed)		16a. D	ecedent's Usual Occ	upation te during most of work red)	ina	16b. Kind of Busi	ness/Industry
12.	within	Completed	Elementary/Secondary (0-12) College (1-4or	5+)	E I	fe. DO NOT use reti lectrical	Fnaineer	ang	Posta1	Service
א	Hygie ther t	CO	17. Father's Name (First, Middle, Last)				18. Mother's Nam	e (First, Middle, M		
lan	id be entai ked o	To Be	John Smith					ia Mayer	,	
<u>a</u>	should to	-	19a. Informant's Name/Relationship (Type, Print)		19b. N	Malling Address (Stre	et end Number or Rur		, City or Town, St	ate, Zip Code)
Z	and 2 ealth a n 27 is		Fannie T. Smith		1	.3502 Spri	ggs Rd. Ha	gerstown	n, Md. 2	1740
ore O	of He		20e. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ Removal from State	0	laca of D emetery,	isposition (Name of cremetory or other p	lece)	Date	20c. Location - Ci	ty or Town, State
Ě	Pages ment of H ant: If ite ury or of		4 Donation 5 Other (Specify)	Res	st Ha	ven Cemet	1.	6/96	-	own, Md.
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra once.		21. Signature of Funeral Service Licensee H. Marten 7	2-		Zimmerma Greencas	ress of Fecility n And Son tle, Pa. 1	Funeral	Home	
B	7 T 1 3 T		23a. Part1. Enter the disease, or complications that cause shock, or heart failure. List only one cause on each i	d the deeth	n. Do not				est,	Approximete intervel Between
	Physician /Medical		Immediate Cause (Final							Onset end Death
	Examiner		disease or condition ventri	cular	fil	rillation				minutes
t.	W. LE	-		Due to (or	r as e co	nsequence of):				
	outed id ansit	edicai Examiner	Sequentially list conditions	Due to (o	r as a cor	nsequence of):				
Ď,	e exectan ar lan ar urial-t	Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.	(-						
58/50,	ifficate be executed g physician and as the burial-transit	dica	that initieted events resulting in death) Lest	Due to (or	es a cor	sequence of):	-			
	ding b		d							
DOX	atten for us	clan								
j	that the death cert ed by the attendin detached for use	Physician/N	Part II. Other significant conditions contributing to deeth t	ut not resu	ulting in th	ne underlying cause (given in Pert I.			ibute to the cause of deeth?
Ţ	s that med b	by P	Hypertension					1 1 1	es 2□ No 3	Probably 4 Unknow
Records,	The law requires that the death cer ate has been signed by the attendin page 2 should be detached for use	eted						24e. Wes e perforr		24b. Were autopsy findings evailable prior to completion of cause of deeth?
Ĕ	sician: The law certificate has b lirector, page 2 s	E O						1 TY	s 2DNo	1 ☐ Yes 2 ☐ No
VITAI	ian: artifica ctor,	Be	25. Was case referred to medical examiner?				26. Placa of Deat	h (Check only on	Θ)	
2	hysic his ce al dire	T ₀	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpati	ent 2 🗆	ER/Outpo	atient 3L DOA			ance 6 □Other	
DIVISION OF	auth. Ar: After th	ation:	27. Manner of Death 1 ☑ Natural 2 ☐ Accident 28a. Date of Inju (Month, De	iry iy Year)	28b. Tim Inju	iry W	ury at ork? □ Yes 2 □ No	28d. Describe ho	ow Injury occurred	
22	tal or Atters after de al Directe led in by t	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Placa of In building, e	jury - At ho tc. <i>(Specif</i> y	me, farm	, street, factory, offic	Ө	28f. Location (St City or Town		or Rurel Route Number,
	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has b completely filled in by the funeral director, page 2 s	edicai	29a. Certifier (Check only one) 1 D Certifying Phyalcien: To the best 2 ☐ Medical Examiner: On the basis of and menner st	f examinat	wledge, d ion and/d	eeth occurred et the or investigation, in my	time, date and place, opinion, death occur	red at the time, de	ate and placa, an	d due to the cause(s)
	Vith To t	Σ	29b. Signature and title of cartifier		10	29c. Lice	nse number	2	9d. Dete signed (Month, Dey, Year)
			Krarlu Grene	en	IN	D111	33		3-4-96	
			30. Name end eddress of person who completed cause of o			. 115	***		01240	
			Charles C. Spencer, M.D., 31. Date filed (Month Dey, Year)			ııy Avenue	, Hagersto	wn, MD	21740	· · · · · · · · · · · · · · · · · · ·
	Sta Registr		31. Date filed (Month, Dey, Year) 996		Albert .	4				

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Certif	icate of	Death			Reg. No.	, 0	00211	
			1. Decedant's Name (First, Middla, Las	t)				-		2. Date of De	ath		3. Time of Death	
	Physici			MAR	Y E	. S	COTT			Jan.	31	1996	6:05 p	
5	/Medi Examir		4a. Facility Neme (If not institution, give		<u> </u>	•	0011	4b. City, Tov	wn, or Lo	cation of Deatl	1	ty of Death	0.03 p	
(C)	- LAGIIII		Memorial Hosp	pital at	Easto	n		Eas	ton		Ta	lbot		
	Funeral Director		5. Social Security Number 6. Se 218-20-9788	ex	n yrs. last bird 70	rouy/	Under 1 Yeer onths Days	If Under a	24 Hrs. Min.	8. Dete of Bir (Month, De 06/2)	th ly, Year) 1/25		olaca (Steta or Foraign htry) Jersey	
	puel tend		10e. Steta 10b. County	1	Oc. City, Town	or Locati	on					1	0d. Inside City Limits	
	he Mery 28a-f sh cuttied	Director	MD Dorches	ster			East 1	New M	lark	et			1 ☐ Yes 2 No	
	23a or 2		10e. Street and Number 5711 Tho	mpsontow	n Roa		10f. Zip Coda 2	1631			10g. Chizen of Unite			
21215-0020	2 should be filed within 72 hours after death with the Menyland and Mentel Hygiene. Is marked other than "natural", or itama 23a or 28a-f show rannatic event, the Medical Examiner must be incitited at	by Funeral	11. Marital Status 1 □XNaver Married 2 □ Marriad 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Giva Yaar or Datas:	ar in U,S.	J,S. 13. Was Decedant of H If Yas, specify Cubs 1 □ Yes 2 🕅 No			gin? (Spe , Puarto f	cify Yas or No Rican, atc.)	Speci	ice - Americ eck, Whita, lfy: B		
5-0	72 hc 'natur	Completed	15. Decedent's Edi (Specify only highast grad	ucation da complatad)	18a.	Decedant (Give kind	's Usuel Occup	pation during most	of working	na	16b. Kind of E	Businass/In	dustry	
12	hen.	du	Elamentery/Secondary (0-12)	Collega (1-4or 5+)			d of work dona NOT usa retire	d)		.9	D 4	D		
72	Hygie Hygie other t		7 17. Fathar's Nama (First, Middla, Last)			Labo	rer	10 Matha	da Nama	/Circl Middle	Haidan Sume		essing	
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aryland	d 2 should th and Mer 7 is marke traumatic	2	19a. Informant's Name/Ralationship (T	vne Print)	19h	Mailing A	ddrass /Straat				er, City or Town			
ĭĕ	od 2 state		Jerry Scott/Sor								idge,		·	
ē,	f Hearlitan other		20e. Method of Disposition		20b. Place of	Dispositio				Data	20c. Location			
altimore,	permit. Peges 1 and 2 s Department of Health an Important: If Itam 27 Is any Injury or other trau pnce.		1 Burial 2 Crametion 3 □ 4 Donetion 5 □ Othar (Specify)		pson	town	Cem.		/5/96	East	New 1	Market,MD	
Bal	Depariment of the part of the		21. Signature of Funarel Sarvice Licens Mulluil 7.	Likav		Fra	mptom	-Hawk	ins	-Esko	v Fune	ral	Home	
			23e. Part1. Entar the disaasa, or comp shock, or haart feilura. List only of	lications that caused the	a daath. Do r	not antar th	BOX 4.	ng, such as	cardiac o	r raspiretory e	rg, MD	_216.	Approximete Interval Batween	
	Physician		,		7								Onsat and Death	
	/Medical Examiner		tmmediate Ceuse (Finat diseasa or condition rasulting in death)	a. Pr	reun	onia						(18 hours	
			rasuming in death)	Du	e to (or es e d	consequen	ca of):					i		
	pet lisit	nlne		b										
o,	icete be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Entar Undartying Cause (Disaasa or Injury	Du	e to (or as a c	onsaquan	ca of):					1		
ox 68760,	death certificate be executed e attending physician and od for use es the buriel-transit	n/Medical	that inflied evants rasulting in death) Last Dua to (or es e consequence of):											
ğ	d for	Physician/	Part II. Other significant conditions co	stributing to death but r	ot requiting in	the under	thing gaves at	on in Dort I		non Did	tahanan una a	and other tasks	the cause of death?	
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	Physic this ce al dire	မ	1 □ Yas 2 No	Hospitai: Inpatient	2 ☐ ER/Out	tpatient 3	DON		rsing Hon	na 5 🗆 Resi	dence 6 □Ot	har (Specif	y)	
onoi	ng i	atlon:	27. Mennar of Death 1-⊠Natural 5 ☐ Panding 2 ☐ Accident invastigation	28a. Date of Injury (Month, Day Y	ear) 28b. T	njury	28c. Inju Wo M 1 🗆	ryat rk? ∣Yas 2 🗆 N		8d. Describe	how Injury occu	irred		
Division of	il or Attandi after death. I Director: A d in by the fu	Certification:	3 Suicida 6 Could not be 4 Homicida datarmined	28a. Placa of Injury building, atc. (- At home, fer Specify)	m, straat,	factory, offica	3	2	8f. Location (City or To		ber or Rura	I Routa Number,	
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th	edical C	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medical Examl	alcian: To the best of mar: On the basis of ax and mannar stated	amination and	daath occ	curred at the tig gation, in my o	ma, data and opinion, daat	d place, a th occurre	nd dua to tha d at tha time,	causa(s) end m data and placa	annar es si , and dua to	tated. o tha causa(s)	
	vithin Vithin Compl	Me	29b. Signature and site of certifier	h			29c. Licens	se number			29d. Data sign	ed (Month,	Dey, Year)	
	0		121/1	hunn			07	570	19	0	2/3/	71		
			30. Nama and address of person who co	omplated causa of daat	h (Item 23a) (Type, Prin		1/	1		7 /	10.	m 2162/	
			21 Date filed Afrect De VIV	Con was	20.	2 3	Meh	~~~	Le	m t	cs Fo	L'	0 2160/	
	Sta Registr		31. Data filed (Month, Day, Year) FFR = 7 *96	32. Registrar's	signature	lace								

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State of the state

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.	
-	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH	Н
	Earl L. Sanderson March 1, 1996 6:50P	M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) if under 1 Year if under 24 Hrs. 7. DATE OF BIRTH 8. BIRTHPLACE (State or For	eign
	507-20-2037 1 \times M 2 \square F 90 YRS. MONTHS DAYA HOURS MIN. Dec 24 1905 Towa	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
S	Wilson Health Care Center Gaithersburg Montgomery	
5	RESIDENCE OF DECEDENT	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?	
	MD Anne Arundel Annapolis t□ yes XX	NO
Z.	10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	615 Beach Drive 21403 United States	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 14. RACE — American India 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 16. RACE — American India 16. RACE — American India 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPA	n,
ВУ	XX Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: White	
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	
	(Specify only highest grade completed) (Give kind of work done during most of working the Do NOT use retired.)	
2	6 College (1-4 or 5+) Mechanic Auto Repair	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame)	
EC	James P. Sanderson Edith Acton	
00	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
2	Earlene Taylor 5807 Anniston Road Bethesda, Maryland 20817	
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION //Name of DATE 20c. LOCATION City or Town, State	
	4 Donation 5 Dotter (Specify) Hildcrest Memorial Gardens 3/5/96 Annapolis, Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE LICENSON 22. NAME AND ADDRESS OF FACILITY Ohn M. Taylor Funeral H.	ome
	147 Duke of Gloucester St. Annapolis, M	D
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxima	
	ahock, or heart failure. List Dnly one cause on each line.	etween
	immediate Cause (Final disease or condition resulting in death)	FO
ŀ	resulting in death) a. DUE TO IOR AS A CONSEQUENCY OF:	/1
-		
CERTIFICATION	Sequentially list conditions, If any, leading to immediata	
S	CAUSE (Disease or injury C.	
E	that initiated avanta DUE TO (OR AS A CONSEQUENCE OF):	
EH	resulting in death) LAST	
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FIRE	NDINGS
DICAL	PERFORMED? AVAILABLE PRIOR	TO
EDI	1 VES 2 NO OF DEATH?	
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	10
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
PHYSICIAN	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 M Nursing Home 5 Residence 6 Other (Specify)	
HX	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO	
ВУ	2 Accident investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t, LOCATION (Street and Number or Rural Route Number)	
9	Suicide 8 Could not be datarmined building, atc. (Specify) Later of the suicide suici	
LET	29a. CERTIFIER (Check only) (Check only) (Check only)	
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, destrict control at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	tated.
8		
BE	296. SIGNATURE AND TITLE OF CERTAINER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Your) 3/3/9(
2	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THE CONTRACT OF THE CONTR	
	31. DATE FILED (Month, Day, Year) G2. REGISTRAR'S SIGNATURE	
	MAR 0 5 1996 Julie Davidson-Randelle	
	INDIA O 1000 A DESCRIPTION OF THE PROPERTY OF	

Registrar

State

31. Date filed (Month, Day, Year)

05' 1996

32. Registrer's Signeture

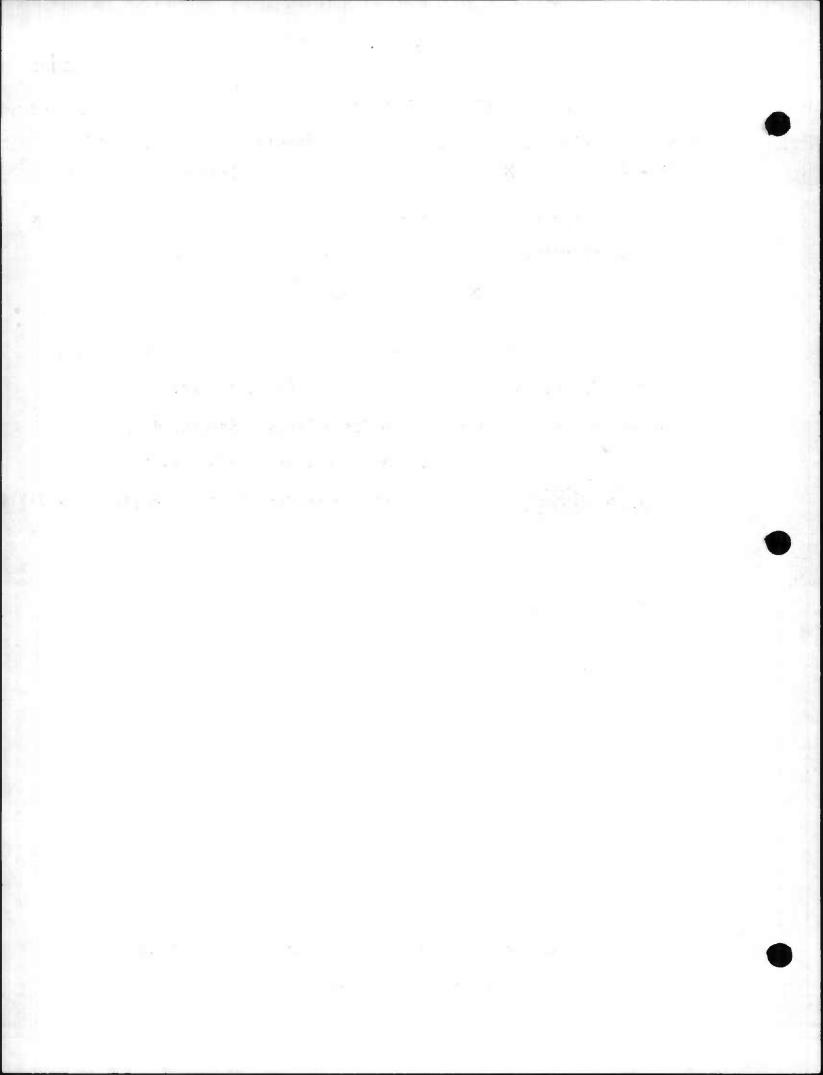
Jaki Dewidson Radall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08

Dhustel		1. Decedant's Nama (First, Middla, La	ist)		Certificate		2. Date of De	Reg. No.	3. Tima of Dea
Physicia		HELEN	*	TRUE	WORTHY		Month	Day	Year 9:201
/Medic Examin		4a. Facility Nama (If not institution, giv		THOL	***************************************	4b. City, Town, or	Location of Deeth		
Examini	er	ATLANTIC GENER		ΤΔΙ		BERLIN			ESTER
Funeral		5. Social Security Number 6. S		e (In yrs. last bir	thday) If Undar 1		8. Dete of Birt		
Director		215-36-7345 Usual Rasidance of Decedant		0.4	Yrs. Months	Days Hours Min	8. Dete of Birl Month, Da 1-24-	02 2	9. Birthplace (State or For Country) I OWA
land Manual		10a. Steta 10b. County		10c. City, Town	n or Location				10d. insida City Li
ith the Marylar or 28a-f show	ō	MD. WORCE	STER	7 Rei	RLIN				1 ☐ Yes 2
28a	9	10e. Street end Number	· · · · · ·		10f. Zip C	Coda		10g. Citizan of Wh	nat Country?
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d z should be lited within 72 hours after dea th and Mental Hygiene. "natural", or flems traumatic event, the Medical Examinet my	Ę.	11. Marital Stetus	12. Was Decedent E Armed Forces?		if Yes, specify	nt of Hispenic Orlgin? (3 y Cuban, Maxican, Puer	Specify Yes or No to Rican, etc.)	14. Rece Black,	- American Indien, White, etc.
8 9	by F	1 ☐ Navar Married 2 ☐ Merried 3 ■ Widowed 4 ☐ Divorced	1 ☐ Yas 2 N If Yes, Give Yaar or Dates:	10	1 ☐ Yas 2	No Specify:		Specify:	WHITE
"natural",		15. Decedent's Ed		160	Decedant's Usuai	Oncupation			
n /z	Be Completed	(Specify only highest gra	ada completed)		(Give kind of work	dona during most of wo retired)	orking	16b. Kind of Bus	iness/industry
the the	E	Elementery/Secondary (0-12)	Collega (1-4or 5-		ATTORNEY	-		VETERA	NS ADMIN.
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M bd M	-	19a. Informant's Neme/Ralationship (19b	. Malling Addrass /	Street and Number or R			tata. Zio Code)
and 2 selth a n 27 is		JOFRAN FALCON	NEICE			AN PINES			
Hee		20a. Mathod of Disposition		20b. Place of	Disposition (Nama	of	BERLI		21811 ity or Town, Stete
rages tent of it int: If its		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specific	Ramovel from Stata	i	ry, crematory or oth		2 20		
ntime .	1	21. Signature of Fufferal Service Licer	- 1	SALISI	BURY CRE	- MATORY Addrass of Facility	2-29	SALISB	URY, MD.
permit. Pages 1 and 2 Department of Heelth a Important: if item 27 is any injury or other trai		1/////							
	4	AMMULL	_			H FUNERAL			, Mp./, 2
		23a. Part1. Entar tha diseesa, or com shock, or haart failura. List only	plications that caused ona causa on eech lin	tha death. Do r a.	not antar tha moda	of dylng, such as cardia	c or raspiratory ar	rast,	Approximata Intarval Batween
hysician /Medicai		Immediate Course (First							Onsat and Death
Examiner		immadiata Cause (Final disaasa or condition resulting in death)	e. PNI	Cumon	51				1 week
	70		/ 1	Dua to (or as a	consequence of):	0.0			
nsit ec	Examiner		b. CONGE	STIVE	ren	failure			1 year
and al-tra	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.							
	-	causa. Entar Undarlying	c						i
buri	<u>@</u>	that initiated quests		Dua to (or es e c					
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To the part of the state of the	ledical Certification: To Be Completed by Physician/Medic	25. Was case referred to medical axaminar? 1	d. ————————————————————————————————————	nt 2 ER/Out Year) 28b. T in Iry - At home, fail (Specify) f my knowledga, axamination ended.	tpatient 3 DOA Tima of njury M rm, street, factory, of death occurred et d/or invastigation, in	28. Placa of De Other: 4 Nursing I 28. Injury at Work? 1 Yes 2 No office The tima, deta and place my opinion, daath occurrence number	24e. Wes perfo	en autopsy med? Yas 2 No na) lance 8 Other now injury occurred m, Stata) Deuse(s) end menidete and place, and 229d. Data signed	3 Probably 4 Unko 24b. Were autopsy findin available prior to completion of cause of death? 1 Yas 2 No (Specify) d ror Rural Route Number, her as stated. d due to the cause(s)
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nding physician. is the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or atter	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Deor, of Health and Mental Molène prior to burial, cremation, or remnal	
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R ATT	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dent, of Health and Mental Hotlete prior to burial cremanism or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HOSPI	FUNEF	ANT
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE						
100	1. DECEDENT'S NAME (First, Middle, Last) William 0.	Terrel1				2. DATE OF DEATH		YEAR	11:49 D M			
	4. SOCIAL SECURITY NUMBER 222-12-1382	5. SEX 6. AGE ((in yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 27,	1020		CE (State or Foreign			
TOR	99. FACILITY NAME (If not institution, give William Hill Hea RESIDENCE OF DECEDENT		ter	Cambrid	or location of di lge	EATH	9c. COUNTY	y of DEATH heste	l			
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNT	nester		mbridge	TION				INSIDE CITY LIMITS? YES 2 NO			
NERAL	602 Edgewater Av			101	21613		USA	N OF WHAT	COUNTRY?			
	11. MARITAL STATUS 1 \(\tilde{\Lambda} \) Never Married 2 \(\tilde{\Lambda} \) Married 3 \(\tilde{\Lambda} \) Widowed 4 \(\tilde{\Lambda} \) Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAR ecity Cuben, Maxica 2X NO Specifi	HC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	16 or No 14	Black, Whi	merican Indian, ite, etc. Black			
COMPLETED	15. DECEDENT'S EDI. (Specify only highest gradi Elementary/Secondary (0-12) Unknowr)	JCATION a completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of wallife. Do NOT use Laborer		ON st of working	186. KIND OF BI		TRY				
BE COM	17. FATHER'S NAME (First, Middle, Last) James Terrell					ME (First, Middle, Meide h (unknown	n Sumame)					
TO B		L Cotten	196. MAILING 525 G	ADDRESS (Street a	nd Number or Rural I	Poute Number, City or To Cambriag	wn, State, Zip Co e IviD 2.	1613				
	20c. METHOD OF DISPOSITION Disposition Date Date Date Date											
	Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland 21601 23. PART Lenter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart failure. List only one cause on each line. Approximate interval Between											
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ech line.				Hratory strest	t,	Approximate interval Between Onset and Death			
CERTIFICATION	disease or condition resulting in death) s. Meta Static Cawcer of Esop lag vs Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
MEDICAL C	PART II. Other significant condition	is contributing to death be	ut not resulting in	n the underlying	g cause given in	Part I. 24e. WAS AI PERFO	RMED?	COM! OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?			
PHYSICIAN: N	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YE		UNCERTAIN	N D		''	YES 2 NO			
HYSIC	1 VES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp: 28e. DATE OF INJURY			5 🗆 Residence							
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJU	JRY WO	PK? ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	IED				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, st	treet, factory, office		281. LOCATION (Street City or Town, State	and Number or	Rural Route F	Vumber,			
COMPLETED		ICIAN: To the best of my knowledge: On the basis of examination							manner as stated.			
TO BE (29b. SIGNATURE AND TITLE OF CONTINES 20. MAME AND ADDRESS OF PERSON WITH	ella an)		D263	88	≥9d. DATE 81 ▶ 03	-01	th, Day, Year) -1996			
	Michael Fra	blen ms 2	02 00,		Hestor	(pro	2164	3				
	MAR 08 1996	22. REGISTRAR'S SIGN	artall									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
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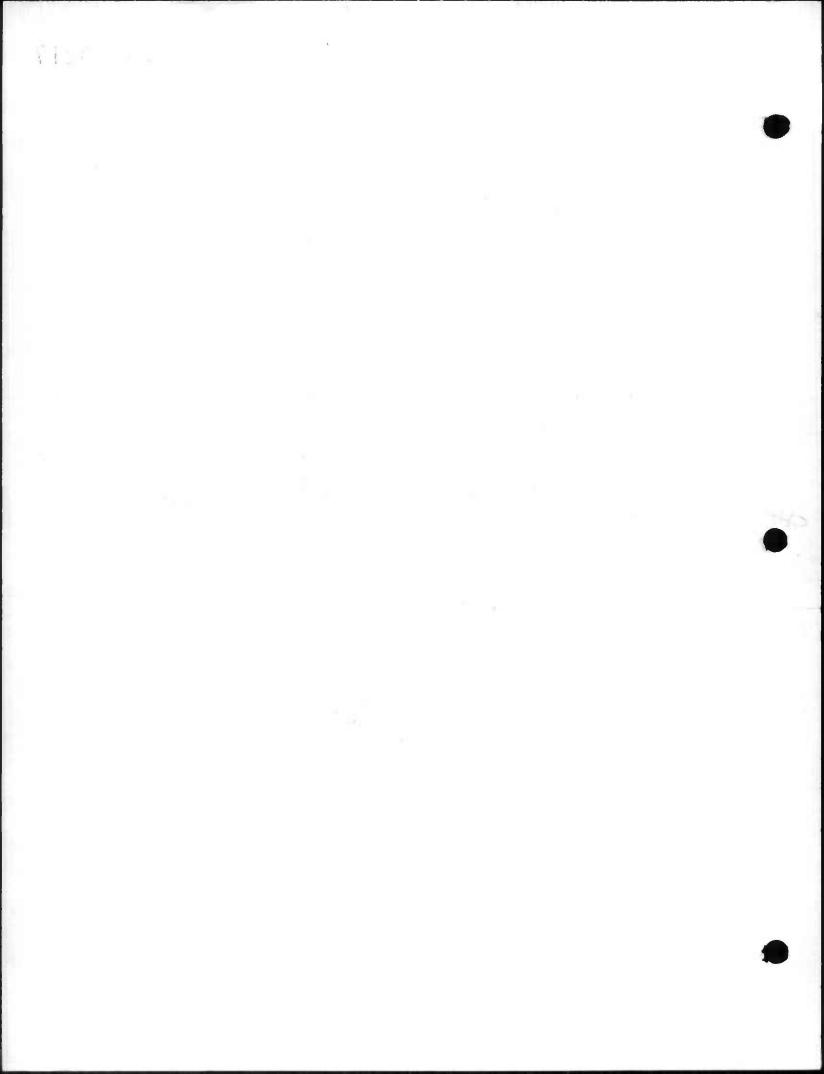
	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		TAL HYGIEN					
	1. DECEOENT'S NAME (First, Middle, La		erald Edwa	ard Voglind	2. p	ATE OF DEATH		3. TIME OF DEATH			
	Gerald		glino		1944	1ch 9,	1996	4174			
	4. SOCIAL SECURITY NUMBER 211-10-2079	5. SEX 6. AGE (FUNDER 1 YEAR # UNDER ONTHS DAYS HOURS	Anna (A	ATE OF BIRTH Honth, Day, Year)		BIRTHPLACE (State or Foreign Country) Cennsylvania			
	9e. FACILITY NAME (If not institution, gir	ve street and number)	9	b. CITY, TOWN OR LOCAT		uly 107	9c. COUNTY				
DIRECTOR	SOUTHERN MARYLA			CLINION			PRINCE GEORGES				
RE	10e. STATE 10b. COU		10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	MARYLAND CH	IARLES		WALDORF				1 TYES 2 TONO			
FUNERAL	2635 OLD WASHIN	JCTON ROAD		10f. ZIP CO	0601		10g. CITIZEN	USA			
NS	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS OECENOENT	OF HISPANIC OF		or No- 14.	. RACE — American Indian.			
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cut		erto Rican, etc.)		Black, White, atc.			
	15. DECEDENT'S E	OUCATION	16a. DECEDENT'S US	IIIAL OCCUPATION		16b. KINO OF BU	CINECC (INDI IC.	White			
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of won life. Do NOT use n	k done during most of worl	king	IGB. KINO OF BU	SINESS/INDUS	INT			
MP	12	2	Owner/Or	erator		Bowlin	g_Alle	y			
00	17. FATHER'S NAME (First, Middle, Last)			18. MO		irst, Middle, Maiden					
BE	Alfonso Voglino)	Teas maning at			la Migno					
2	Angela M. Vogli	no	1	OGCON TO				h, Cal 92663			
	20e. METHOD OF DISPOSITION	200	. PLACE AND DATE OF	DISPOSITION (Name of				or Town, State			
	1 X Suriar 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cemstary, crematory or other place) Cemstary, crematory or other place) Cemstary, crematory or other place) 3-12 Waldorf, MD										
	21. SIGNATURE OF PURINAL SERVICE	LICENSEE MALE	W.	Huntt Fu	RESS OF FACILITY	/					
	Benjamin	Matthews M0069	58				. MD 2	0604-0156			
	23. PART t. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Approximate Interval Between Onset and Deeth Onset										
	resulting in dastn) VE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions b.										
ATIC	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
EHT	resulting in death) LAST										
AL C	PART II. Other algnificant condi	tions contributing to death t	out not resulting in	the underlying cause	given in Part	1. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC		<u> </u>						OF DEATH?			
ž	DID TOBACCO USE COI				ICERTAIN [
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:							
HYS	1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	Nursing Home 5 28c. INJURY AT	Rasidenca 8 -	Other (Specify) OESCRIBE HOW	INJURY OCCUP	RED			
ВУ Р	1 Nature 5 Pending 2 Coldent Investigation	8/4/96	17/4	WORK?	2 NO 3	lepped; to	ntering	hode don't			
	3 Suicide 8 Could not	be PLACE OF INJURY building, etc. (Spe		et, factory, office	281.	LOCATION (Street City or Town, State		Rural Route Number,			
ETE	4 Homicide determine	2630	Cel Was	hinglink	& Wah	dop, Cl	carles,	Mid			
COMPLET		HYSICIAN: To the best of my know									
00	2 BY WEDICAL EXAM	MINER: On the basis of examination	n end/or investigation,	In my opinion, death occ	sured at the time,	data and place, er	nd due to the c	suse(a) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERT	FIER L. Mon		29c. U	ICENSE NUMBER	17	THE SHAPE SI	IGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON	WYO COMPLETED CAUSE OF OI	ATH (ITEM 27) (Type, P	rint)	7+06		MUIC	7,1996			
	Audusto PK	o day uer /	1 500	9 Ray Bu	maril	pan.	mo.	20748			
	MAR 1 2 19	996 July d'u	olson Randall			V					

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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Items:24a,24b per MD G-748 6/19/97 dh FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) MARCH 93th 1996 YEAR 3. TIME OF DEATH
	WILSON W. WINDSOR 3 3 96 8:00 A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 7/ YRS. 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 7/ YRS. 7/ MARYLAND
_	99. FACILITY NAME (If not Institution, pive street epid number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH
СТОВ	P.G. GENERAL HOSP. CHEVERLY Y.G. George's
DIRECTOR	106. COUNTY Prince Georges 10c. CITY, TOWN OR LOCATION UPPER MARIBORD 10d. INSIDE CITY LIMITS? 1 VES 2 X NO
FUNERAL	39/5 BIShopmill DR. 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? UNITED STATES
BY	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15. Wester Merried 2 Merried 16. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 19. Wester Merried 2 Merried 10. Wester No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 19. Wester Merried 2 Merried 10. Wester No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 19. Wester Merried 2 Merried 10. Wester No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 19. Wester Merried 2 Merried 10. Wester No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 19. Wester Merried 2 Merried 10. Wester No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 19. Wester Merried 2 Merried 10. Wester No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 19. Wester No—If yes, apecify Cuban, Mexican, Puerto Rican, atc.)
밑	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working
COMPLETED	Tollege (1-4 or 5+) College (1-4 or 5+) MAINTENANCE ENGINEER BOARD OF EDUCATION
OS OS	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)
BE C	HARRISON WINDSOR ELIZA ANN BOSWELL
٥	196. INFORMANT'S NAME (Type/Print) MAUDE CATHERINE WINDSOR 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3915 BISHOPMILL DRIVE, UPPER MARLBORO, MD 20772
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State
1 1	MGB THE HUNTI FUNERAL HOME, INC.
Ц	MARK G. BROHAWN MO0053 P.O.BOX 156, WALDORF, MARYLAND 20604
	23. PART I. Effer the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory erreat, ahock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a
_	DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING
IFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
Ä	resulting in death) LAST
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED	OF DEATH? 1 ☐ YES 2(X) NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
YSI	1 YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO
ETED !	3 Suicide e Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)
12	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.
COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end manner ee stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 3 4 56
۲	AC MANY AND ADDRESS OF PERCONANCE CONTRACTOR O
	M. K. Mohan, MD. 6510 KENILWORTH AVE RIVERDALE, Md. 20137 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE MAR 0. 8 1996
	MAR 0 8 1996 Jalia Standard Kardall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 082 | 8

				,	Cert	tificate of	Death	R	eg. No.	00210
	Physic	on	1. Decedent's Name (First, Middle, Last)					2. Data of Dear Month		3. Time of Death
	Physici /Medio		IDAB-EL	WILLS				MARCH	7 199	
¥	Examir	er	Aa. Facility Nama (If not institution, give stra				4b. City, Town, or Lo	ocation of Death	4c. County of De	ath
	<u> </u>		Prince George's Hos			Millianda d Managari	Cheverly			George's
	Funeral Director		5. Social Security Number 215-28-3126 Usual Rasidence of Decedant	7. Aga (In yrs. 67		Months Days		8. Data of Birth (Month, Dey April 1	8,1928 Ma	irthplace (Steta or Foreign Country) ryland
	hend wo		10a. State 10b. County	10c. Ci	ity, Town or Loc	ation				10d. Inside City Limits
	Meny	to	Maryland Calvert		Dunkirk	ζ				1 Yas 2 No
	r 284	rec	10e. Street and Number			10f. Zip Code		1	0g. Citizen of What C	Country?
	th wit	aiD	417 West McKendree	Road		20	754		USA	
21215-0020	d within 72 hours effer deeth with the Meryland Jene. r than "natural", or items 23s or 28s-f show to Medical Experient must be notified at	by Funeral Director	11. Marital Status 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	Was Decedent Ever In U Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		/as Decedant of Yes, specify Cub ☐ Yas 2X No	Hispanic Origin? (Sp ban, Mexican, Puarto Specify:	ecify Yes or No- Rican, etc.)	14. Race - An Black, Wh Specify: B	
0-10	2 hox	ted	15. Decedant's Educat	on	16a. Decede	ent's Usuai Occu	pation		16b. Kind of Busines	s/Industry
215	within 7 ene. than "n	Completed	(Specify only highest grede co	Coilege (1-4or 5+)	life. Di	and of work done O NOT use retire	during most of work ed)	ing		
	filed will Hygien ther thu	Con	7		Do	omestic			Someone e	1se's home
nd	be filed tal Hygie d other event, to	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Name	e (First, Middla, I		
Z	Men	2	Irvin	Peters			Mary		Riggs	
Maryland	12 sh h end le rr treum		19e. Informent's Name/Relationship (Type,	Print)			at end Number or Run			
	Heelt Heelt Her ther		Hattie Hurley 20a. Method of Disposition	20h	41/ We Piace of Dispos		ndree Roa		cirk, MD 2	
Baltimore,	pemit. Pages 1 end 2 should be filed Department of Heelth end Mental thys Important: if item 27 is marked other any injury or other traumatic event, any injury or other traumatic event,		1 XBurial 2 ☐ Cremation 3 ☐ Rem	oval from Stata	cemetery, crem	etory or other ple	· 1			
量	it. Purtue		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensee	Mo	ses Cen	netery Name and Addr		/14/96	Lothian	
Ba	Depa Impo any I		D.	0					Tuneral Ho	me k, MD 20678
			23a Part 1 Foter the disease or complicat	ions that caused the dee	4		ing, such as cardiac			Approximate
Ų	Physician		23a. Pert1. Enter the disease, or complicat shock, or heart failure. List only one of	auae on each line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or roopitatory are	00.,	Interval Between Onset and Deeth
	/Medical		Immediete Ceuse (Finei disaasa or condition	SED	TIC	FA	MIA.			- LOW
	Examiner		resulting in deeth) a.	Due to (or es e consequ	ience of):				
	D .E	iner	020	STI	201	LE	•		`	>2-monl
	tificete be executed g physician and es the buriel-transit	Examiner	Sequentially list conditions,	Due to (or as a consequ	ence of)	Λ Λ -	۸۵		
90,	cian cian	E	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Diseese or injury	Hi	9/1/-	- B/B1	rd-pu	Show	Q.	
68760,	tificete be execut g physician and es the buriel-trar	edicai	Cause (Diseese or injury that initiated events resulting in daath) Last	Due to (c	a a cousedn	erice of):	+	0		***
			L a	Color	br	y ov	lery	due	oll-	> 5- mary
Вох	etter for u	Physician/M	0.2 44[1664	0		0	0		2-	
P.O.	t the deby the teched	ıysi	Part It. Other significant conditions contrib	uting to death but not res	sulting in the und	derlying cause g	iven in Part I.			te to the cause of death?
	es that igned b	by Pt	MIDDIM.	Dy 16.1	nous	por	,	1 ⊔ Y	es 2□No 3□	Probably 430Unknown
Records,	law requires that es been signed b 2 shouid be dete	d be	C-CIN CLO	o he	and a		/	24a. Was a		. Were autopsy findings
00	aw require	Completed	20x-21,000	Z -0X	A ARROY (N	anne	T	perion	med?	available prior to completion of cause of daath?
	The law ate hes page 2	mo		0				1 Y	es 2000	1 ☐ Yes 2 ☐ No
a		Be C	25. Was case referred to medical		1000		26. Piace of Deet			
of Vital	Physician: r this certific arai director,	ToB	examiner? 1 Yas 2 No Hos	oital: 1 npatient 2	ER/Outpatient	3□ DOA O	ther:		enca 8 □Other (Sp	secify)
0	g Ph ter th	:uc		28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju	ury at	28d. Describe he	ow Injury occurred	
Division	Attending or death.	atic	Accident investigation	(,,,	,		Yes 2 □ No			
Ž	I or Attending Physeles death. Director: After this din by the funeral di	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Injury - At h building, etc. (Speci		et, factory, office		28f. Location (Si City or Town	treat end Number or i	Rural Route Number,
	ital o ral Di	Ce								
	To the Hospital or Attending Ph within 22 hours effer death. To the Fuheral Director: After th completely filled in by the funeral	edicai	(Check only Medical Examinar:	en: To the best of my kno On the basis of examina	owiedge, death o ation and/or Inve	occurred at the t estigation, in my	ime, date and place, opinion, death occurr	and due to the cred at the time, d	ause(s) and menner ate and place, and d	as stated. ue to the cause(s)
	the the	Med	one) 29b. Signature and title of certifier	end menner stated.			ise number		9d. Date signed (Mo	
	N N N		Solution and the or certifier	sale	ZOD	N -	31150	(- 1	U 3-00	-96.
	24		20 Name and a district of	V _ /			2427	-0	02 09	(0)
	27		30. Name and address of person who comp	nered cause of death (Item O - 4-00	m 23a) (Type, P	Traling	10 Ran	d;#:	220· RO	1, CM-9/m
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrar's Signa	ature	~ - \V 10	1 300		10	20110
	Poglete		MAD 1 0 1000	The As wel	en-Radal	II.				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR STATE REGISTRAR	STATE OF MARYL	AND / E	DEPARTM	ENT OF H	EALTH AND	MENT	AL HYGIEN					
	ì	1. DECEDENT'S NAME (First, Middle, Last)							TE OF OEATH			3. TIME OF E	EATH	
		Harold Nelson V	√right_					Mai	rch 8,		YEAR	5:00	Р. м	
		4. SOCIAL SECURITY NUMBER		in yrs. lest b		UNDER 1 YEAR	IF UNDER 24 HRS.	7, DAT	E OF BIRTH		0. BIRTH	IPLACE (State (or Foreign	
1		311 34 3231	1 - x M 2 - F 5!	5	YRS. MON	THE DAYS	HOURS MIN.		ust 26, 1	940	Wash:	ington,	D.C.	
	.	9a. FACILITY NAME (If not institution, give stre			9b.	CITY, TOWN	OR LOCATION OF D			_	NTY OF D			
5		Bayside Nursing Co	enter			Lexing	gton Park	k		St	t. Ma	ary's		
<u> </u>		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CITY TO	WN OR LOCAT	TION							
DIRECTOR		Maryland St.	Mary's			ngton F	1777					10d. INSIDE (
		10e. STREET AND NUMBER	. ary G		LEA		I. ZIP CODE			10a CITI	ZEN OF V	1 YES 2		
ERAL		1500 Great Mills Road					20653					States	**	
FUN		11. MARITAL STATUS	12. WAS DECEDENT EVER IN			13. WAS DEC	ENDENT OF HISPAI	NIC ORIG	BIN? (Specify Ves			- American	Indian.	
	- 11	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA			If yes, sp	ecity Cuban, Maxica 2 X NO Specifi	an, Puert	o Rican, atc.)		Speci	c, White, etc.	, rotatt,	
D BY	- 1		Korea					_				ack		
ETE	i II	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give	kind of work i	AL OCCUPATIO	ON ost of working	.10	66. KIND OF BUS	SINESS/IND	USTRY			
1 2		Elementery/Secondary (0-12)	College (1-4 or 5+)		o NOT use reti	<i>'</i>			_					
once.		17. FATHER'S NAME (First, Middle, Last)			Cab Driv	/er			Taxi		ice			
- O	- 11	James Wright					16. MOTHER'S NA Annetta			Surname)				
BE BE		19a. INFORMANT'S NAME (Type/Print)		19h I	MARI NIC ADD	DESC /Street s	and Number or Rural							
를 일		Herbert Wright					ive, Capita					7/13		
9	ı	20a. METHOD OF DISPOSITION	20h			SPOSITION (Ne				CATION -				
E		1 Burial 2 X Cremetion 3 Remove 4 Donation 5 Other (Specify)	ral from State ceme	etery, creme	tory or other p	remator	v 3	/12/9				rginia		
examiner must be notified at once. TO BE COM	Ì	21. HOMETURE OF FUNERAL SHOWING LICE	HSEE A	or opo.	I I						u, VI.	Бтита		
Ex	22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home, P.A. P.O. Box 279, Leonardtown, Maryland 20650													
23	-		1.5	the dest	b. Do not o									
medical	1													
#	I	disease or condition												
ent,		resulting in death) a.	DUE TO (OR AS A	CONSECU	ENCE OF	man	co					[w	1	
other traumatic event, the TIFICATION		-:	AINS		- 441	V	nfect	+	1			110		
or other traumatic		Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQU	ENCE OF):	L	njeci	COL				1	ar.	
E S		Cause. Enter UNDERLYING CAUSE (Disease or Injury					0					100		
鲁臣		that initiated events	DUE TO (OR AS A	CONSEQU	ENCE OF):									
2 E		resulting in death) LAST												
Injury,		PART If. Other algnificent conditions	contributing/to deeth bu	at not res	ulting in th	e underlying	r ceuse alven in	Part I	24a. WAS AN	ALITOREY	245	WERE AUTOPS		
my infi		Dubelis	M Motus				given in		PERFOR	MED?	240.	AMAILABLE PRI	OR TO	
MEDIC									1 TES 2	240		OF DEATH?	00	
용 :	1	DID TOBACCO USE CONTRI	BLITE TO CALISE OF	F DE ATH	4 VEC I	T ON T	UNCERTAIL	N D				1 YES 2	ZHO	
SICIAN: MEDIC	1	25. WAS CASE REFERRED TO MEDICAL				neck only are)	DIACEKIAII	14 🗀						
			HOSPITAL: 1 Inpatiant 2 ER/Outpa	ntient 3 🗆		HER:	e 5 🗆 Residence		(Panali)					
ା ≥		27. MANNER OF DEATH	28a. DATE OF INJURY		26b. TIME OF	28c. INJ	URY AT		ESCRIBE HOW IN	JURY OCC	URED			
marks BY F		1 Natural 5 Pending Investigation	(Month, Day, Year)		INJURY	M 1 □ Y	RK? res 2 \(\text{NO}\)							
<u>∞</u> 0	1	3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, atc. (Specifi	— At home	, farm, street	factory, office		261. LO	CATION (Street a	nd Number	or Rural R	oute Number,		
		4 Homicide determined		•//				Uit	y or Town, State)					
MPLE		29a. CERTIFIER CERTIFYING PHYSICI.	AN: To the best of my knowle	edge, death	occurred at	the fime, data	and place, and due	to the c	euse(s) and men	ner as state	ed.			
E 8			On the basis of examination									and manner a	s stated.	
IMPORTANT: If Item O BE COMPLE	1	29b. SIGNATURE AND TITLE OF CERTIFIER	1/				29c. LICENSE NUR		Т			(Month, Day, Ye		
MPOR BE			A	/			A,40	917) [>	2/11	191	-/	
일		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHUSE OF BER	TH (ITEM 2	CT) (TAGE, Print)		O/	11/			0/10/	10		
		James Boyd, M.D.	1)7	Je f⁄f	erson	Stree	t, Leona	rdt	own. Ma	rvlai	nd 2	0650		
		31. DATE FILED (Month, Day Hour)	32. REGISTRAR'S SIGNA	TURE		- 01 00	-, neona		owii, Ila	- у та	iiu Z	0030		
		MAR 14 1996	Julia Davidso	x-Rard	Call									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08220

							Cen	tificat	e of	Death			Reg. No).				
			1. Decadant's Nama (First, Middla	Last)								2. Data of De				3. Tima o	f Death	
	Physici		HENRY L	WATH	EN SR.							Month	Da 1	4 1	Yaar 996	15:	15	PN
	/Medi Examir		4a. Facility Nama (If not Institution,							4b. City, To	own, or L	ocation of Deat			of Death			
1	EAUITIII		Ft. Washington	Modical	Contor	_				E4 1	Mach	ington	r	mine	o Co	orges		
	Funeral			6. Sax	7. Aga (In)		thday)	If Undar		If Undar	24 Hrs.	8. Data of Bir (Month, Da				iaca (Stata o try)	or Foreic	an
	Director		579-05-1082	1⊠M 2□ F	8	9	Yrs.	Months	Days	Hours	Min.	Mar 6,	ay, Year) 1901	7		ry) rland		
			Usual Rasidance of Dacedent									TALL U,	170	'	Titally	Lana		
	ylan		10a. Stata 10b. County		10c.	City, Town	n or Loc	ation							10	0d. Insida C	Ity Limit	8
	Me I	to	Maryland St. N	larv's		Chap	ticc)								1 🗆 Yas	2X) N	0
	r 28	Director	10e. Street and Number	J. O.		O. I.C.D		10f. Zip	Coda				10g. Cl	tizan of V	What Coun	try?		
	3a o		P.O. Box 88					20	621				U.	S.A.				
	ter death with the Merylan items 23a or 28a-1 show inst must be notified at	Funeral	11. Marital Status	12. Was De	cedant Evar i	n U,S.	13. W	as Dece	dant of	Hispanic Or	igin? (Sp	pecify Yas or No Rican, atc.)	0-		a - Amaric			
0	offer name	Ē	1 Navar Married 2 Marrie	d 1 Yas	Forcas?			_				Rican, atc.)			ck, Whita,	atc.		
Maryland 21215-0020	d within 72 hours effer death with the Meryland jiens. I than "naturet", or items 23s or 28s-f show are Medical Examinet must be notified at	þ	3₺ Widowed 4 Divorced	If Yas, or			1	☐ Yas	2XI No	Specify.	:			Specity W.	hite			
0	2 ho	Completed	15. Dacedent	s Education		16a.	Decede	ent's Usu	al Occu	pation			16b. K		usiness/inc	Justry		
215	within 7 ena. than "n	ple	(Specify only highas Elemantery/Secondary (0-12)	Ť	(1-4or 5+)		lifa. D	O NOT u	rk dona sa <i>retir</i> e	during mos ed)	st of work	ang						
21	d withir plena. r than	E	4th Grade	Combye	(1-401-54)	He	avy	Equi	.pme	nt Op	erat	or	Ur	nion				
p	be filed ntal Hygid d other event, u	BeC	17. Fathar's Nama (First, Middla, L	ast)								a (First, Middle	, Maidar	Suman	na)			Nation Committee
a	0 2 0	To B	William	Ernest		Wat	hen			Ros	sett	a		Pil	Lkert	on		
ary		-	19a. Informant's Name/Ralationsh	lp (Type, Print)		19b	. Malling	Addrass	(Stree	t and Numb	er or Rui	ral Routa Numb	per, City	or Town,	State, Zip	Code)		
Σ	4 - 2		Joan Marie Clar	per		861	1 Sh	nanno	n D	r. Cl.	into	n, MD	2073	35				
re,	- 4 5 5		20a. Mathod of Disposition		20	b. Place of	Dispos	ition (Nar	na of	on)	1	Data	20c. L	ocation -	City or To	wn, Stata		
30	age ant o y or		1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (Sp			acred			100		į R	/18/96	Rus	hwo	od, M	D 206	518	
Baltimore,	orten Injur		21. Signature of Funaral Sarvice L	••	PC	acrea							1			200	710	-
a	permit. Pages Department of Important: If it any Injury or o	;	En n n	9/6	1.							Funera						
			1 Juchaels	X/and	Line	/						rdtown,		ylar	nd 2	0650		
		-	23a. Part1. Éntar tha disaasa, or t shock, or haart failura. List o	omplications that only one cause or	aach lina.	eath. Doi	not anta	r tha mod	a or dy	ng, such as	cardiac	or raspiratory a	arrast,		1	Approximate Interval Bet Onsat and	ween	
	Physician /Medical		Immediate Ceuse (Final												1		117	
	Examiner		disaasa or condition rasulting in death)	a. PRO	BABLE	PNE	UNO	NIA	/	BILA	TERA	r ACA.	TE		L	DAY	S	
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	entificate be axecuted ding physician end se as the buriel-transit	xa	Sequentially list conditions, if any, leading to immediate		Dua t	o (or as a	consequ	ience of):							1			
68760,	siciar buri	9	ceuse. Entar Undarlying Causa (Disease or injury thet initiated events	c									_					
89	ficate phy s the	/Medical	resulting in death) Last		Dua to	o (or as a c	consequ	ance of):										
×	0 2 3		•	d														
Bo	deeth certifica e ettending pl ed for use as t	Physician	Dad II. Other size Meant and disc		death but set		40.0	ut - ut - t		and the Board		non Did		OHICE:	-0-10-10-0-0-	46.1 - 10.11.1	-4 -4	
0	the cho	ys	Part II. Other significant condition	s contributing to	death but not	rasulting in	i tha un	dariying c	ausa gi	van in Part	I.					the cause	-11-6	
О.	40 0		ABNORMAL LIVE	R FUNC	TION	TEST						1	Y00 2	2 □ No	3 Prot	bebly 4	Unkno	wn
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ě	S 10 CA	ם													of	leath?		
	Page 1		DEMENTIA									10	Yas 2	EXNo	1[Yas 2	No	
Ĭ,	ysicien: The sectificate director, par	Be	25. Wes casa refarred to medical axaminar?	Hoopitali					100		e of Dea	th (Check only	one)					
of Vital	0 0	ပို	1 Yas 2 No			2□ ER/Ou	-		JA		ursing He	oma 5 Ras				0		
		on:	27. Mannar of Death 1 ☑Natural 5 ☐ Pending		e of Injury onth, Day Year		rima of njury		8c. Inju			28d. Dascribe	how Inju	iry occuri	red			
Sio	eatl the	cat	2 Accident investigation inves					М	1_	Yas 2	No							
Division	7 5 5 6	Certification:	4 Homicida determin	268. Pla	ce of Injury - A ding, atc. (Sp.	it home, fa <i>ecify)</i>	rm, stre	et, factor	y, office			28f. Location (City or To			er or Rura	l Route Nun	nber,	
	rel Delli				-0													
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifiar Certifying (Check only	Physician: To II xaminar: On the and me	basis of axam	knowledga ination an	, daath d/or inva	occurred astigation	at tha ti	ma, data ar opinion, das	nd place, ath occur	and dua to tha red at tha tima,	causa(s , data an) and ma d place,	annar as st end dua to	eted. tha ceuse(B)	
	To the Vithin 2 To the complete	Med	11	and me	mnar stated.		0	1										
	5 × 5 0		29b. Signature and title of certifier	Sto	11.6)	W	- 1		sa number						Day, Year)		
			Nounca	TOPE	www.	4	0	[24	945			Ma	rch	14,	1996		
				no completed ce														
			Dr. Michael D						nch	Ave,	, Su	ite 40	09 (<u> 11 n</u>	ton,	Md	207	3
	Sta		31. Data filed (Month, Day, Year)	1006 32	Registrar's Si	gnatura P	while	<u> </u>										
	Registr	ar	MAR-15	1996 9	- au	ngc/r v W												

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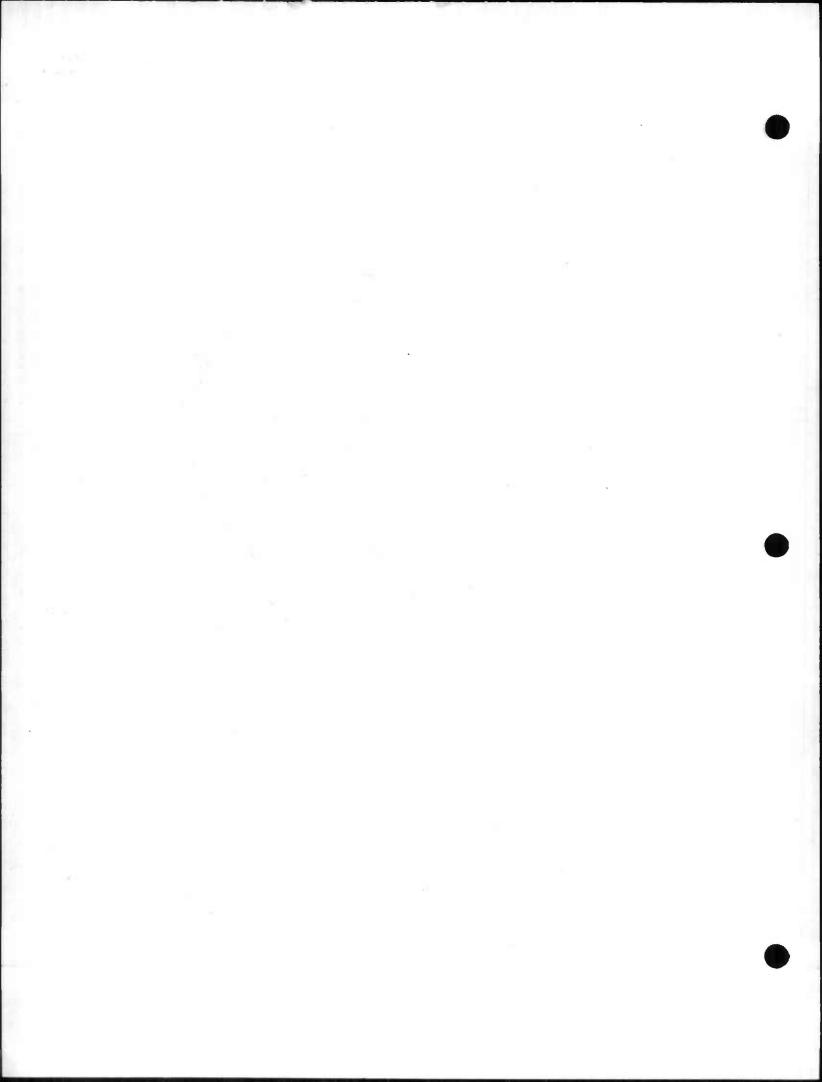
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

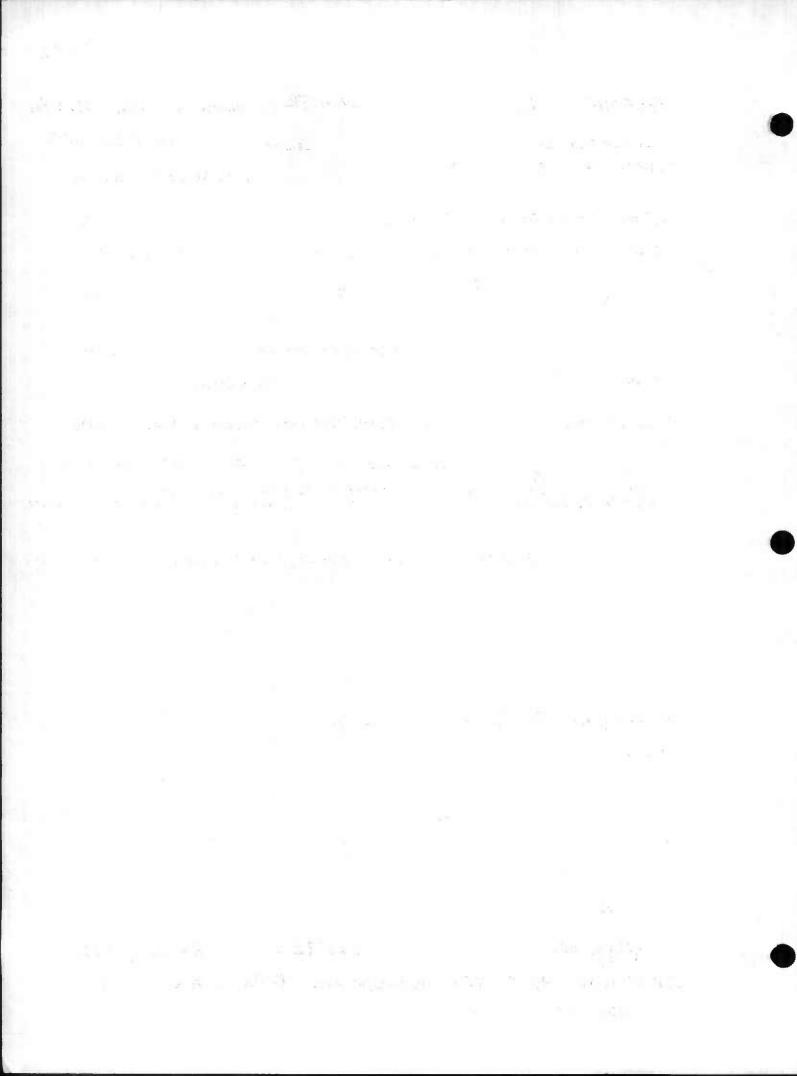
	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATN		3. TIME OF OEATN			
	Mary	I	rene	Woo	d	March 7,	1996	6:30 p. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	7. DATE OF BIRTN 8. BIRTHPLACE				
	217-36-6527 9a. FACILITY NAME (# not institution, give s	1 M 2 🛂 F 95	YRS.	MONTHS DAYS	HOURS MIN.	Sept. 23,	1900 1	Country) Maryland			
<u>ac</u>	St. Mary's Nurs				rdtown	ATH	9c. COUNTY	Mary's			
<u>ē</u>	RESIDENCE OF DECEDENT	ing center		Leona	Itutowii		SL.	mary s			
EC	10a. STATE 10b. COUNTY	(10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
0	Maryland St.	Mary's		Mechani	csville			LIMITS?			
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL DIRECTOR	3980 New Market 1	Turner Road			20659		U.	S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF NISPAN	HC ORIGIN? (Specify Yes	or No- 14.	, RACE — American Indian, Bisck, White, etc.			
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YE			2 NO Specify	n, Puerto Rican, etc.)		Specific			
								White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of v	USUAL OCCUPATE work done during me	ON ost of working	16b. KIND OF BUS	INESS/INDUS	TRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilfe. Do NOT us	,		0	11				
M	5th grade 17. FATHER'S NAME (First, Middle, Last)		поше	maker			Home				
8		exander	Pilkerto		Eleanor	ME (First, Middle, Melden	ilkert	0.00			
BE	19a, INFORMANT'S NAME (Type/Print)	:xallde1				Route Number, City or Town					
2	William Spencer W	Jood						Maryland 20659			
	20a. METNOD OF DISPOSITION							y or Town, State			
	1 M Buriel 2 Cremetion 3 - Ram	oval from State	206. PLACE AND DATE of Commeterly, cremetory or of St. Josept	ther place		11/96 Mor					
1	4 Donation 5 Other (Specify)		or. Josepi								
	Ja . 0 0-	941	/ 1	Matti	ngley-Ga	rdiner Fun	eral H	lome, P.A.			
	" Juchael	1 XJarde	ner	P.O.	Box 270,	Leonardto	wn, Ma	aryland 20650			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OF AS A COMSEQUENCE OF) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OW AS A COMSEQUENCE OF)										
E	resulting in desth) LAST	6									
MEDICAL	PART II. Other significant condition					PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 Jup			
AM	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA	- 1				W H			
SIC	1 YES 2 XNO	HOSPITAL: 1 inputiant 2 ER/0	Outpatient 3 DOA	OTHER:	ne 5 🗆 Rasidence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJUI	RY 28b. TIM	E OF 28c. IN	JURY AT	28d. DESCRIBE NOW I	NJURY OCCUP	RED			
	1 Natural 5 Pending Investigation	(Month, Day, Yes	IV.		YES 2 NO						
ETED BY	2 Decident investigation 3 Suicide 8 Could not be 4 Nomicide distermined	28e. PLACE OF INJU building, etc. (S	JRY — At home, larm, Specify)	street, lactory, offic	•	281. LOCATION (Street of City or Town, State)		Rural Route Number,			
COMPLE	29a. CERTIFIER (Check only one) RTIFYING PNYSI	ICIAN: To the best of my kr	- A					ause(s) end marinar as stated.			
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE		1/2	1	29c. LICENSE NUM			GIGNED (Month, Day, Yber)			
5	38. NAME AND ADDRESS OF PERSON WH	1. 12	WIZ	(11)	ND	6417	13	7/7/6			
	/ /	/ / /		Tan	nardtown	, Maryland	20650				
	Dr. J. Patrick .	32 HEGISTMAR'S S		reo	narutown	, maryland	20000				
	MAK 12 1996	John diwe	LON RONDALL								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08222

						Cer	tificate d	of Dea	th	Re	eg. No.		
	Physici		Decedent's Neme (First, Middle, LENN	C.			WA	GNEI	0	2. Dete of Deet Month MARCH	h Dey	996	3. Time of Death 5:25 Pm
	/Medi Examir		4a. Facility Neme (If not institution, g	ive street and number)				4b. City		cation of Death	4c. County		
			Doctors Hospi	tal				La	nham		PRINC	E GET	RGE'S
	Funeral Director			-	6 (In yrs. lest b	virthdey). Yrs.	If Under 1 Ye Months De	er If Un	der 24 Hrs. rs Min.	8. Dete of Birth (Month, Dey, Mar. 18			lace (Stete or Foreign try)
	Pue &		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tox	un or Lo	nation						
	Sa-f sho	Director	Maryland Princ	e Georges	Rive		.e						0d. Inside City Limits Yes 2 No
	23a or 2		10e. Street end Number 5309 Riverdal	e Road, Apt	218		10f. Zip Coo 20	737		1	Og. Citizen of United		,
020	be filed within 72 hours after death with the Manyland tial hygiene. d other than "netural", or items 23s or 23s-f show event, the Madical Exercities must be notified at	by Funeral	11. Maritei Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2 N If Yes, Give Year or Detes:			Ves Decedent Yes, specify (cify Yes or No- Rican, etc.)		ck, White, y: Whi	etc.
5-0	72 h	eted	15. Decedent's i	Education	186	. Deced	ent's Usuel Ockind of work do	cupation	nost of workin	ng	16b. Kind of B	usiness/inc	dustry
121	P P P	Completed	Elementary/Secondery (0-12)	Coilege (1-4or 5	+)	life. L	OO NOT use re	tired)		.9	T)	0	
7	hor in		17. Fether's Neme (First, Middle, Las			Dul	lding			457	Borge		npany
Maryland 21215-0020	should be filed vind Mental Hygie marked other turnatic event, tr	To Be	Noah Wagner					18, M		(First, Middle, M Anderson		ne)	
a	0 2 8		19e, Informent's Neme/Reletionship	(Type, Print)	19	b. Mellin	g Address (Str	eet end Nu	m <i>ber</i> or Rurai	Route Number	City or Town	State, Zip	Code)
	s 1 and f Health from 27 other tr		Christy Fookes						ve., S:	ilver Sp			
Baltimore	85=9		20e. Method of Disposition 1 Buriei 2 Cremetion 3 4 Donetion 5 Other (Spec				sition <i>(Name</i> o netory or other leaven	plece)	3 + 8-		20c. Location		ing, MD
at	permit. Pa Departmen Important: any injury 2059.		21. Signature of Funeral Service Lice	anayag		22	Neme end Ad		clity				ing, in
00	88 E 5 8		23a. Part1. Enter the diseese, or co shock, or heert feilure. List onl	Muero)	Hi	nes-Ri	naldi	Funera	al Home	Inc.		100 00001
	Physician /Medical Examiner	Examiner	Immediate Cause (Final disease or condition resulting in deeth)	GASTRO-11		AL I	Homorr					l l	Onset end Death 1 1/z days
,	e execu ian end urial-tra		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events		Due to (or es e	conseq	uence of):					1	
8	w requires that the deeth certificate be executed been signed by the attending physician and should be detached for use as the burial-transit	n/Medical	that initiated events resulting in death) Lest	c	Due to (or es a	consequ	uence of):					1	
	deet ne att	sicle	Pert ii. Other significant conditions	contributing to death bu	it not resulting	in the un	derlying cause	given in Po	ert I.	23b. Did to	bacco use co	ntribute to	the cause of death?
P.O.	that the ned by the detach	by Physician/	GASTRIC Hyperacia	lity, s/p G1	bleed	rie fi	com Asp	IRINO	verme	1 🗆 Ye	2 No	3 Prot	pebly 4 Unknown
Division of Vital Records,	8 8 8	Completed b	2 yes. 200,	J. '		a				24a. Was ar perform		ave	ore autopsy findings bilable prior to inpletion of cause death?
œ	ate h	lo S								1 □ Ye	s 20/No	10	Yes 2□ No
/ita	Physicien: The this certificate rail director, page	Be	25. Was case referred to medical examiner?					28. P	ece of Deeth	(Check only on	θ)		
5	Physic this c	2	1 Yes 2□ No	Hospitel: 1 Inpatle	-		3 DOW			ne 5 Reside			1)
lon	or Attending Patier death. Director: After t	Certification:	27. Menner of Death 1 Neturel 5 Pending 2 Accident Investigetic			Time of Injury		njury et Work? □ Yes 2		8d. Describe ho	w Injury occur	red	
DIVIS	after de Directe d in by t	Sertific	3 Suicide 6 Could not determined		ry - At home, f . (Specify)	erm, stre	et, fectory, offi	ce	2	8f. Location (Sti City or Town		ber or Rura	l Route Number,
:	To the Hospital or Attending Physicien: The Is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical C		hysician: To the best o minar: On the basis of end menner ste	examinetion er								
: (To the Comp	ž	29b. Signature and title of certifier					ense numb			9d. Dete signe		
			Beryan MD)			102	592	-5	M	Pencle	610	
	^		The second second				-	_ , _				> , 17	96
			30. Name and eddress of person who	completed cause of de	720 (11)	(Type, F	DZ Print) VS/N A	Tive.	Beth	esda. N	10 2	0814	96



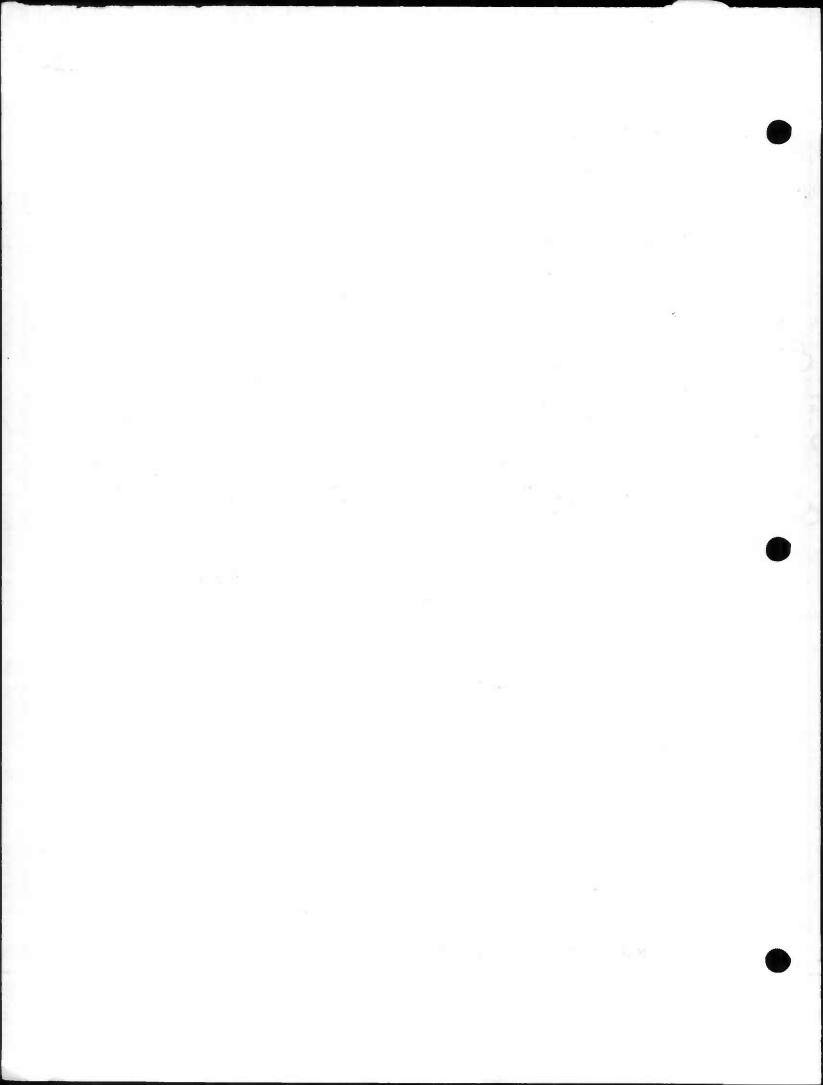
ding physician. BALTIMORE, MARYLAND 21215-0020

burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	OF MARYLA			HEALTH AND I	MENTAL HYGIEN						
į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF OEATH			
	Madolyn Ruth West					Feb. 29,	1996	YEAR	8:20 P.M _M			
)	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (II	n yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign			
ı	579-46-9711 1 D M 2	£₹F 6	1 YRS.	MONTHS DAY	HOURS MIN.	Jan. 6, 1	935	Vii	rginia			
	9a. FACILITY NAME (If not institution, give street and num	ber)		9b. CITY, TOW	N OR LOCATION OF DE			NTY OF O	EATH			
CTOR	Washington Adventist	Hospit	al	Tak	oma Park		Mor	itgor	nery			
EC	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CII	Y, TOWN OR LO	CATION				10d. INSIDE CITY			
	S. Children	NTO 2517							LIMITS?			
	Maryland Montgo	mery		ilver S	DI TIIR		10a, CITI	ZEN OF Y	WHAT COUNTRY?			
H	1100 Brantford Avenue				20904		1		States			
FUNERAL	11. MARITAL STATUS 12. WAS DE	CEDENT EVER IN	U.S. APPLIED		ECENDENT OF HISPAN	NIC ORIGIN? (Specify Ye		14. RACE	- American Indian.			
BYF		S? 1 TYES OIVE WAR OR DA			specify Cuban, Mexica ES 2XXNO Specify			Speci	k, White, etc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	JSINESS/IND	USTRY				
<u></u>	Elementary/Secondary (0-12) College (1	4 or 5+)	IIIe. Do NOT u		most or working		Home					
ž	12th 0		Homem	akei			поше					
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) Joseph P. Bennett				16. MOTHER'S NA Velma	Southerly	Sumame)					
TO BE	19a. INFORMANT'S NAME (Type/Print) Deborah A. Papadopoulo	os Daug	gh 196. MAILING	Brantf	ord Ave.,	Aoute Number, City or To Silver Sp	wn, State, Zig Pring	, Cooke) MD	20904			
	20gr METHOD OF DISPOSITION 1	tata 20b.	PLACE AND DATE etery, cremetory or a Parkla	OF DISPOSITION other plece)	(Name of	0.0	OCATION —					
	21. SIONATURE OF PUNERAL SERVICE LICENSEE		Рагкта		ANO ADDRESS OF FA		ockvil	rre,	FID			
	D. (1/2000) 24			Hine	s-Rinaldi	Funeral H	lome,	Inc	20904			
	23. PART I. Enter the diseases, or complication	you	t the stanta Da	1180	O New Ham	pshire Ave	e.,Si	lver	Spring,MD			
	shock, or heart fallure. Liet only o	né couse on es	ach line.						Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Onset and Deat 2 turns Due TO (OR AS A CONSEQUENCE OF): Quenalized atternosolorises											
	resulting in deeth) e. Out To (or as a consequence of): Due To (or as a consequence of):											
,	augalized attorosolerosis											
Ō	If any, leading to immediate											
RIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury											
=	that initiated events	DUE TO (OR AS A	CONSEQUENCE C	DF):								
SE	resulting in death) LAST											
AL	PART II. Other eignificent conditione contribu	ting to death b	ut not resulting					24b	. WERE AUTOPSY FINDINGS			
	diabetes n	eller	un 1	ype	I	1 TES	2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC				// "	K.				1 YES 2 NO			
	DID TOBACCO USE CONTRIBUTE T	O CAUSE O	F DEATH Y	ES 🗌 NO	☐ UNCERTAI	N 🗆						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DE		ne)							
		ent 2 ER/Outp	etlent 3 🗆 DOA	OTHER:	lome 5 🗆 Realdence	6 Other (Specify)						
У РНУ	1 Natural 5 Pending	Month, Day, Year)	26b. TII	JURY	INJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OC	CURED				
ED B	3 Suicide 26a. F	PLACE OF INJURY pullding, atc. (Spec	— At home, farm,	street, factory, o	ffica	26f. LOCATION (Stree City or Town, State	and Number	r or Rural	Route Number,			
_	29a. CERTIFIER		11 TAP	. 8 0			-					
COMPLE	29a. CERTIFIER (Check only time) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BEC	29K MONATURE AND TITLE OF GENTIFIER	-	1174	2	29C. LICENSE NU		29d. DAT		(Month, Day, Year)			
0	Xearge M. Hen	Soll	1 m	-0	D121	121	•	3 -	2-96			
-	NAME AND A ORESS OF PERSON WHO COMPLET				- MD 200	06			1 5			
	George Sengstack, 39			wneato	on, MD 209	00						
		EGISTRAR'S SIGN										
	MAR 0.8 1996 Jal	a d'Euroleo	rhadall						0.000			
	^								OHMH-16 Rev 1/8:			



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State of Maryland / Department of Health and Mental Hygiene O

Р				State of Maryland		icate of		wieniai ny	Reg. No.	16 08	3224
	100		1. Decedent's Neme (First, Middle, Last)				2. Dete of D	eeth		. Time of Death
	Physici /Medi		JAMES	C.		WIDI	NER	Month MARC	H 3, 1	996	6:30PM
	Examir		4a. Facility Nema (If not institution, give	street end number)			4b. City, Town, c	r Location of Dea	th 4c. Count	ty of Death	
		H	801 SLIGO AVENU			Hadaa 4 Vaaa		SPRIN		NTGOME	
Н	Funeral		5. Social Security Number 6. Sec	MM 2□F		Under 1 Yaar onths Days		n. (Month, D			(Steta or Foreign
	Director		Usuel Residence of Decedent	41				OCT.19	,1954	WASHIN	GTON, D.C.
	yland		10a. Stete 10b. County	10c. City	, Town or Location	on				10d.	Inside City Limits
	e Ma	ctor	MARYLAND MONTGOME	RY S	SILVER S	PRING					1 Yas 2 No
	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiena. 7 is marked other than "natural", or Itema 23a or 28a-f show traumatic event, the Medical Examinating and inclined at	Director	10e. Street and Number		1	Of. Zip Code			10g. Citizen of	Whet Country?	
	ath w		2412 COLSTON ROAD			20	910		U.	S.A.	
	lar de	Funeral	11. Maritei Stetus 1 Navar Married 2 Married	12. Was Decedent Ever In U.S Armed Forces?	5. 13. Was	Decedent of I s, specify Cub	Hispanic Origin? an, Mexican, Pu	(Specify Yas or N erto Rican, etc.)	0- 14. Ra	ice - Amarican li eck, White, etc.	ndien,
20	irs aff	by F	3 Widowed 4 Divorced	1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Dates:	10	Yes 2 No	Specify:		Speci	fy:	
Maryland 21215-0020	2 hou	pet	15. Decedent's Edu	cation	16e. Decedent	's Usuei Occu	pation	1.07.0	16b. Kind of I	WHITE Business/Industr	ry
215	a. a. Med	ple	(Specify only highest grade Elementery/Secondery (0-12)	e completed) College (1-4or 5+)	(Give kind life. DO l	d of work done NOT use retire	during most of w	orking			
7	filled wi Hygien ther th	Completed		3+	MASON		T			UCTION	
and	2 should be filed and Mental Hygi is marked other sumatic event, I	Be	17. Father's Neme (First, Middle, Last)				18. Mother's N	eme (First, Middle	e, Meiden Sume	m <i>e)</i>	
2	should nd Men marke	2	JAMES HENRY WID					E_CONNER			
Ma	d 2 st th and 7 is n traur		19a. Informent's Neme/Reletionship (Ty					Rural Route Numi			·
e j	ges 1 and to 1 Health If Itam 27 or other tr		MARY FRANCES WIDN		2410 SO ace of Disposition metery, cremeto	UTH IV	ES STREE	T ARLIN	GTON, VI	RGINIA - City or Town,	22202 Stete
Itimore,	Pages net of I int: If its		1 N Buriel 2 □ Cremetion 3 □ R 4 □ Donetion 5 □ Other (Specify)	tamover nom State				0.10.106			
alti	그 든 큰 글		21. Signatura of Funerel Service License	DITT	OF HEA	MEN CEI	METERY ess of Fecility	3/9/96	SILVER	SPRING,	MARYLAND
m	Deparimpol		1 in athur	X) (amphil	FRAN	CIS J.	COLLINS	FUNERAL	HOME,	INC.	
	10 y 10 h		23a. Part1. Enter the diseasa, or complishock, or heert feilure. List only or	icetions thet caused the death				VD., W. S		Apr	901 proximata
	Physician		Shock, or fleet tellule. List only of	te ceuse on eech inte.							erval Between set and Deeth
	/Medical Examiner		Immediete Ceuse (Finel diseese or condition	HANC	SING						
	LXMIIIICI		resulting in death)	Due to (or	es e consequen	ca of):				i	
	ted nsit	Examiner). —		9					
,	ificate be executed g physician and as the bural-transit	Exal	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Due to (or	es e consequen	ca of):					
68760	se be	edicai	thet initiated events	Due to (or	es e consequen	ca of):					
_	TE CD 65		resulting in death) Last	200 10 (01	oo o oonooquon	oa ory.					
Box	death certifi e attending ed for use as	Physician/M		J						1	
o.	0 0 2	ysic	Pert li. Other significent conditione con	tributing to death but not resul	ting in the under	tying cause gi	ven in Pert I.	23b. Dlo	tobacco use c	ontribute to the	cause of death?
٦.	res that tha de signed by the a be detached t							10	Yes 200 No	3 Probabl	y 4 Unknown
Hecords,	requires that tha seen signed by the	d by						24e. We	s en eutopsy	24b. Were 6	outopsy findings
000	> 10 m	Completed							ormed?	availab	ole prior to ation of cause
T e	e lav has	т						. \	Yes 2 No	of deet	
Vita		Be Co	25. Wes case referred to medical				26 Place of D	eeth (Check only		T X re	es 2 No
	5 00	0	exeminer?	lospitel: 1 ☐ Inpatient 🗶 💢 E	R/Outpetient 3	DOA ON	hor	Home 5□ Res		her (Specify)	
n of	ding Phy. th. After thi funeral	Ju: T	27. Manner of Deeth 1 □ Neturel 5 □ Pending		28b. Time of Injury	28c. Inju Wo	ry et	28d. Describe	how Injury occu	rred	
SIO	Attanding or death.	Certification:	2 Accident investigation	3/3/96	5:03 P		Yes 2 No	SUBJA		00,	25
Division	i or Attand after death Director:	T T	Suicide 6 Could not be determined	28e. Piaca of Injury - At hor building, etc. (Specify)		feotery, office	,	City or To	(Street end Num wn, Stete)	ber or Rural Ro	uta Number,
_	Hospital of Ponts a Funeral District filled i		29e. Certifier 1 ☐ Certifying Phys		JAIL	usend of the fi	mo data and sin	BOI SLI		SIWER S	PRING MI
		edicai		elclen: To the best of my knowner: On the basis of examinetic end meniner stated.	on end/or Investi	gation, in my	opinion, deeth oc	curred et the time	, dete and piece	, and due to the	cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifier	2.00		29c. Licens	se number		29d. Dete sign	ed (Month, Dey,	Yeer)
			MINI WE	Lalle A.		0.0	ME		марси	1 100) 6

State Registrar

30. Name end eddress of person who completed cause of death (Nem 23s) (Type, Print)

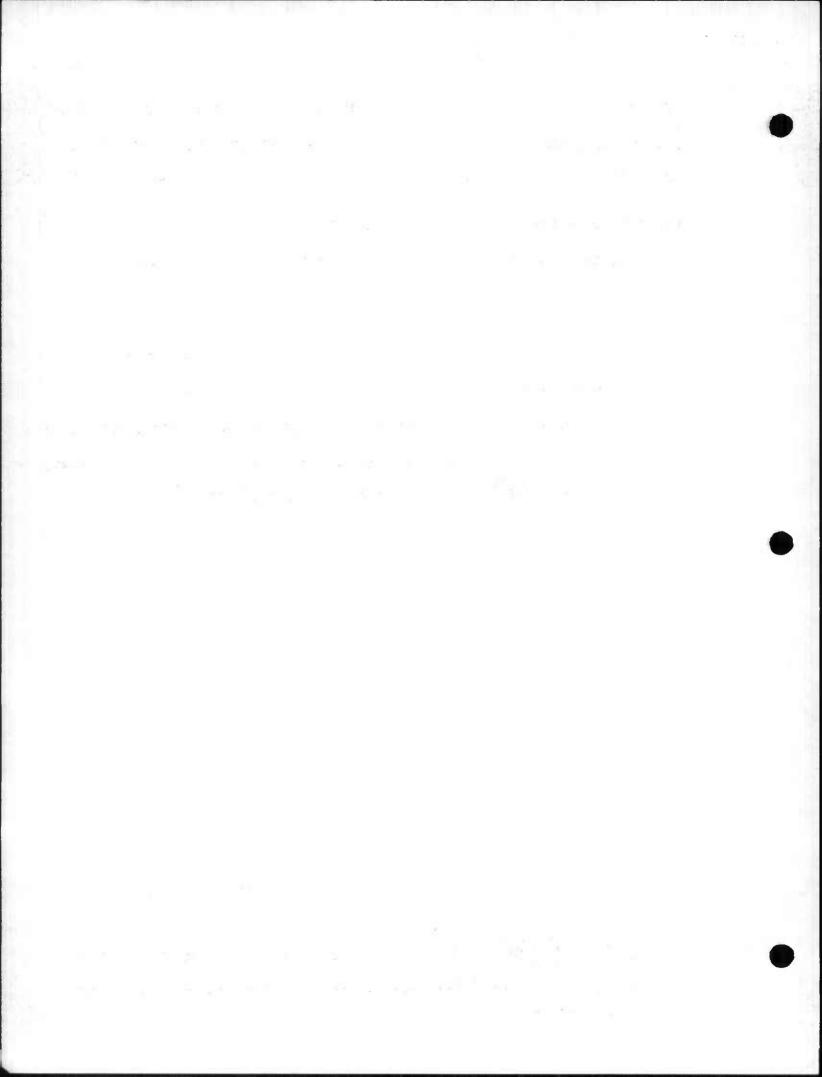
WARLO FC COUNTY THE MARCH 4, 1996

31. Dete filed (Month, Day, Year)*

MAR 06 1996

32. Registrer's Signatura

MAR 06 1996 32. Registrer's Signatura



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		Decedent's Name (First, Middle, Li	ast)	Certificate of	JI Death	2. Data of Deat	g. No.	2 .	Time of Death
Physi	cian		NEINSTEIN			Month MARCH	2 ^{Day} 199	Year	:26 PM
/Med		4a. Facility Nama (If not institution, gir			4b. City, Town, or Lo		4c. County		. 20 111
Exam	iner	HOLY CROSS HOSP			SILVER SI			COMERY	
Funera Directo			Sex 7. Aga (In yrs. I	- Months Da	aar If Under 24 Hrs. ays Hours Min.	8. Data of Birth Month, Day NOV • 20	Year) 919	9. Birthplace (State or Foraig
pue *	7	Usual Residence of Decedent 10a. State 10b. County	10c City	, Town or Location				10d In	side City Limits
Aeryle 7 aho	ō	MARYLAND MONTGO		LVER SPRING					Yes 2010N
the 1	rect	10e. Street and Number	TIERT DI	10f. Zlp Cod	de	10	o. Citizan of V	What Country?	
h with	0	2921 N. LEISURE	WORLD BLVL. #32	21 2090	16			STATES	
within 72 hours after death with the Merylend liene. "Then "natural", or frems 23s or 28s-f show The Medical Example must be notified at	by Funeral Director	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 Tyes 2 □ No. If Yes, Give WW II Year or Dates:		of Hispanic Origin? (Sp. Cuban, Mexican, Puerto No Specify:	ecify Yes or No- Rican, etc.)	Blac	a - American Inc ck, White, etc.	dan,
2 hou	Pe	15. Decedent's E	ducation	16a. Decedent's Usual Oc	ccupation			usiness/industry	
bin 7.	Completed	(Specify only highest gr Elementery/Secondary (0-12)	ade completed) College (1-4or 5+)	16a. Decedent's Usual Oc (Give kind of work do life. DO NOT use re	one during most of work ptired)	ing			
D D	Con	9		JEWELER			JEWELH	RY	
S a b S	To Be	17. Father's Name (First, Middle, Last JACOF WEINSTEIN	")			SSIE (U	NKNOWN)		
		19a. Informant's Name/Relationship EDNA PRICE WEINS	TEIN (WIFE)	19b. Malling Address (St 2921 N. LEI	SURE WORLD				
Demit. Pages 1 and Department of Haalt mportant: If frem 27 any injury or other pages.		20a. Method of Disposition 1 ABurial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Speci	Removal from State	laca of Disposition (Name of emetery, crematory or other SEDALE CEMET)	place)			City or Town, S	
permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Service Lice	ntee //		ddress of Facility Y-GOLDBERG KVILLE PIKI				
Physiciar		23a. Part1. Enter the disease, or con shock, or haert feilure. List only	polications that coursed the double one cause on each line.	Do not enter the mode of	dylng, such as cerdiac	or raspiratory arra	st,	Appr	oximate val Betwaen et and Deeth
/Medica Examine		Immediate Ceuse (Finel disease or condition resulting in death)	a. ACUTE PNE	UMONIA r es e consequence of):				4	DAYS
D it	iner		b						
tificate be asscuted up physician and as the buriel-trensit	Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury	Due to (or	r as a consequenca of):				 	
5 0 6	Medical	that initiated events rasulting in death) Last		1					
death cert e ettending ed for use	Physician/M		d			-			
0 5 %	hysi	Part II. Other significant conditions			e given in Part I.			ntribute to the o	
es that the igned by the be detect	by P	ARTERIOSCLEROTI	C CARDIOVASCULA	AR DISEASE		101	# 2LINO	3 Probably	M ∩ OUVUO
requir been s should	ompleted b					24a. Was ar perform		avallable	on of cause
0 - 0	E O					1□ Ye	s 2 No	1 □ Yes	-
iclen: The certificate rector, pag	Be C	25. Was case referred to medical			26. Place of Deat	1			A
S 00 0	To	examiner? 1 ☐ Yes 2 🛣 No	Hospital: 1 Inpatient 2	ER/Outpatient 3□ DOA	Other: 4 Nursing Ho	me 5 Reside	nce 8 🗆 Oth	er (Specify)	
	:0	27. Manner of Death 1 ANatural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	Injury	Work?	28d. Describe ho	w injury occur	red	
· · · ·	catl	2 Accident investigation 3 Suicide 6 Could not be	90		1 ☐ Yes 2 ☐ No				
	Certification:	4 ☐ Homlcide determined	building, etc. (Specify	,		28f. Location (Str City or Town	State)		ta Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 1 ⚠ Certifying Pi 2 ☐ Madical Exam	nyalclan: To the best of my know minar: On the basis of examinet and manner stated.	viedge, death occurred at the ion and/or investigation, in r	e time, date and place, ny opinion, death occurr	and due to the ca ed at the time, da	use(s) and ma te and place,	anner as stated. and due to the c	ause(s)
To the within 2 To the comple	W	29b. Signature and title of certifier Muse	Luliu	29c. Lie	cense number		IARCH 2	1996	Year)
1		30. Neme end address of person who	completed cause of deeth (Item	23e) (Type, Print)	•				-
JU		MYRON L LENKIN	2309 SHOREFIEL	D ROAD WHEAT	ON MARYLAND	20902-1	825		
	ate	MYRON L LENKIN 31. Date filed (Month, Day, Year)	2309 SHOREFIEL 32. Registrar's Signat	D ROAD WHEAT	ON MARYLAND	20902-1	.825		

DHMH 16 Rev 6/95

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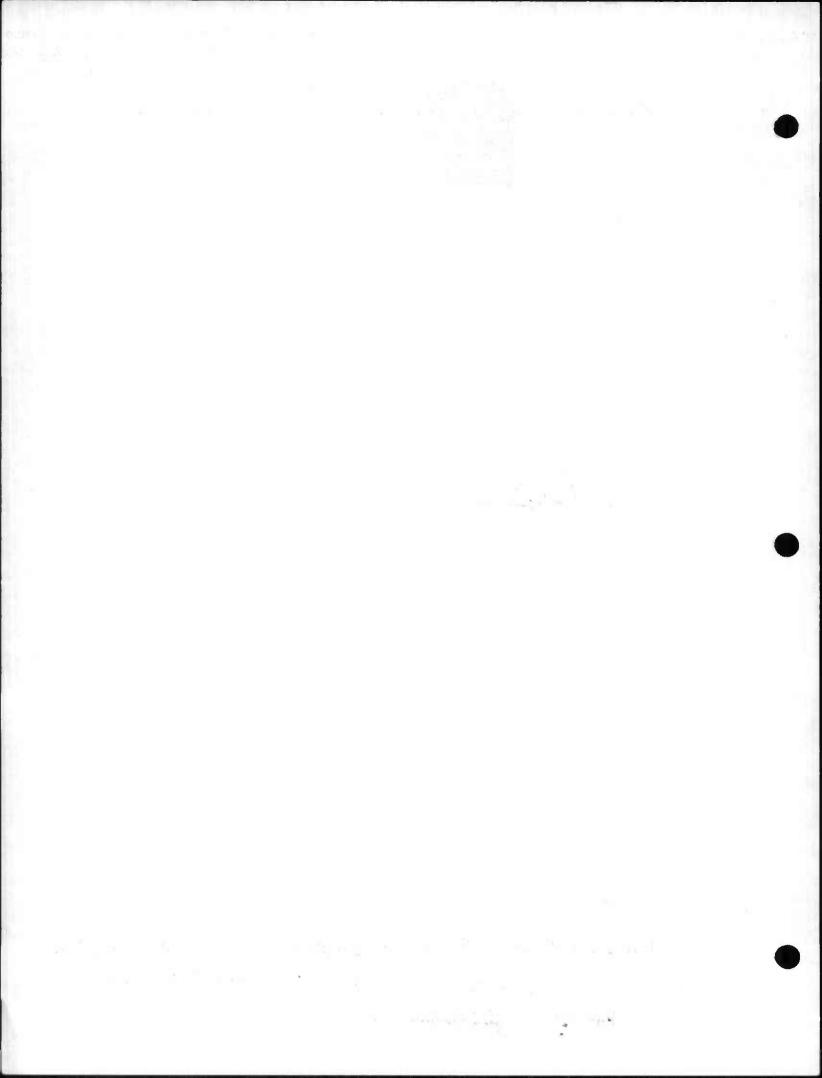
State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Tima of Death **Physician** Charles Edwin 03 2:21 PM 1996 March /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Shady Grove Adventist Hospital Rockville
r | ff Undar 24 Hrs. | 8. Data of Birth
| Hours | Min. | (Month, Day, Montgomery If Under 1 Yeer 5. Sociel Sacurity Numbar 6. Sex 7. Aga (In yrs. last birthdey) Birthplace (Stata or Foraign Country) **Funeral** Months 1 M 2 □ F Davs 79 May 24, Director 577-03-3352 1916 Washington, DC Usual Rasidanca of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Heelth and Mentel Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinations must be notified at once. 10e Stete 10c. City, Town or Location 10d. Insida City Limits 1□ Yas 2 No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10g. Citizan of Whet Country? 10f. Zlp Coda 19309 Clubhouse Rd. #201 20879 Funeral United States 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Reca - Amarican Indien, Black, Whita, atc. 11. Maritel Status 1 XYas 2 No If Yas, Giva Yaar or Datas: WWII 1 Navar Married 2 Merried Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 X No Specify. Completed by 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) 12 Service Station Operator Exxon Oil Company 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Be William White Janie Craven 19a. Informant's Name/Reletionship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Nancy L. Hedlund / daughter 8215 Rainbow View Pl., Gaithersburg, MD 20879 20b. Place of Disposition (Nema of cematary, crematory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Othar (Specify) 3/4/96 Alexandria, Virginia Metropolitan Crematory 21. Signatura of Funerel Sarvice Course 22. Name and Addrass of Facility
De Vol Funeral Home 10 East Deer Park Dr., Gaithersburg, MD 20877 23a. Pert1. En ar the disaese, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, of heart feiture. List only one cause on each line. Approximata Intervel Batween Onset end Death Physician Immediate Causa (Final disaasa or condition rasulting in daath) 24 Hours /Medical ACUTE RESPIRATORY FAILURE **Examiner** Dua to (or as a consequence of): ASPIRATION PNEUMONIA Physician/Medical Examiner 7 DAYS The law requires that the death certificate be executed the bunel-transit Sequantially list conditions, if any, laading to immadiate ceuse. Enter Undarlying Causa (Disaasa or injury that initiated avants rasulting in death) Last P.O. Box 68760, UPPER GASTRO INTESTINAL BLEEDING
Dua to (or as a consequence of): 98 PANCREATIC CANCER MONTHS USB Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Division of Vital Records, þ 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Wes en autopsy performed? Completed pega 2 : 1 ☐ Yas 2 No 1 Tas or Attanding Physician: 25. Was cesa rafarrad to medical axaminar? Certification: To Be 28. Place of Deeth (Check only ona) Hospitel: 1 Inpatient Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 ☐ Yas 2 No 2 ER/Outpatiant 3 DOA this funeral 27. Mannar of Death 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Neturel
2 Accident 5 Pending Investigation 1 ☐ Yas 2 ☐ No 24 hours after death. Funeral Director: A 6 Could not be datamined 3 Suicide 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) and mannar as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end mannar stated. 29a. Certifier Medical completely (Check only one) within 2 To the 29b. Signatura and titia of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) MARCH 03, 1996

30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print)

KANAN HUDHUD, 481 N. FREDERICK AVE, 230 GAITHERS BURG, MD 20877 31. Data filed (Month, Day, Year) State Registrar

05' 1996





DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last, ROI	BERT APRILL V	VILDMAN			2. DATE OF DEATH MONTH DATE		. A	
4. SOCIAL SECURITY NUMBER 577-14-1988	1 💢 M 2 🗆 F	82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 31,	Co		
9a. FACILITY NAME (If not institution, give NATIONAL NAVAL RESIDENCE OF DECEDENT				THESDA	АТН	GOMERY		
10a. STATE 10b. COUN	ntgomery		town or Locat	ION			10d. INSIDE CITY LIMITS? 1 [X YES 2 NO	
100. STREET AND NUMBER 6505 Broxburn Dr			101	20817		10g. CITIZEN C	F WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WWII		If yes, sp	ENDENT OF HISPAN	n, Puerto Rican, etc.)	IC ORIGIN? (Specify Yes or No— 14. R/n, Puerto Rican, etc.)		
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	18a. DECEOENT'S U (Give kind of wo life. Do NOT use	ork done during mo	on st of working	16b. KIND OF BUS			
17. FATHER'S NAME (First, Middle, Last) Frederick James	4 Yrs.	Civil	Enginee	18. MOTHER'S NA	ME (First, Middle, Maiden		The Navy	
19a. INFORMANT'S NAME (Type/Print) Helen B. Wildman				nd Number or Rural	Aprill Poute Number, City or Town nesda, Mar			
20a METNOD OF DISPOSITION 1	movel from State	0b. PLACE AND DATE Of	F DISPOSITION (Ne	rme of	OATE 20c. LO	CATION — City o		
21. SIGNATURE OF EUNERAL SERVICE I			22. NAME A	ND ADORESS OF FA	n Ave., N.	Funeral	Home	
Sequentielly list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	bDUE TO (OR A:	TED ABDOMI B A CONSEQUENCE OF):	EUS			Onset and Daat	
PART II. Other algnificant condition					PERFOI	RMED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATI		UNCERTAI	N 🗆 📗			
1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	1 57 Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	Y 285 TIME	OF 28c, IN.	Ne 5 Realdence	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	D	
3 Suicide 8 Could not b	28e. PLACE OF INJU- building, atc. (S	RY — At home, farm, at pecify)	treet, factory, offic		281. LOCATION (Street City or Town, State		rral Route Number,	
One) 2 MEDICAL EXAMI	SICIAN: To the best of my kn NER: On the best of my kn PART OF THE BEST OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	tion and/or investigation	n, in my opinion, d	29c. LICENSE NU MD-058 NATIONA	time, data and place, so MBER 105-L (PA) L NAVAL ME	29d. DATE SIG	NEO (Month, Day, Year) Feb 96	
J. J. CAVENDISH 31. DATE FILEO (Month, Day, Year) MAR 05' 199	T MC USN 32. REGISTRAR'S SI			BETHESD	A MD 20889	0-5600		

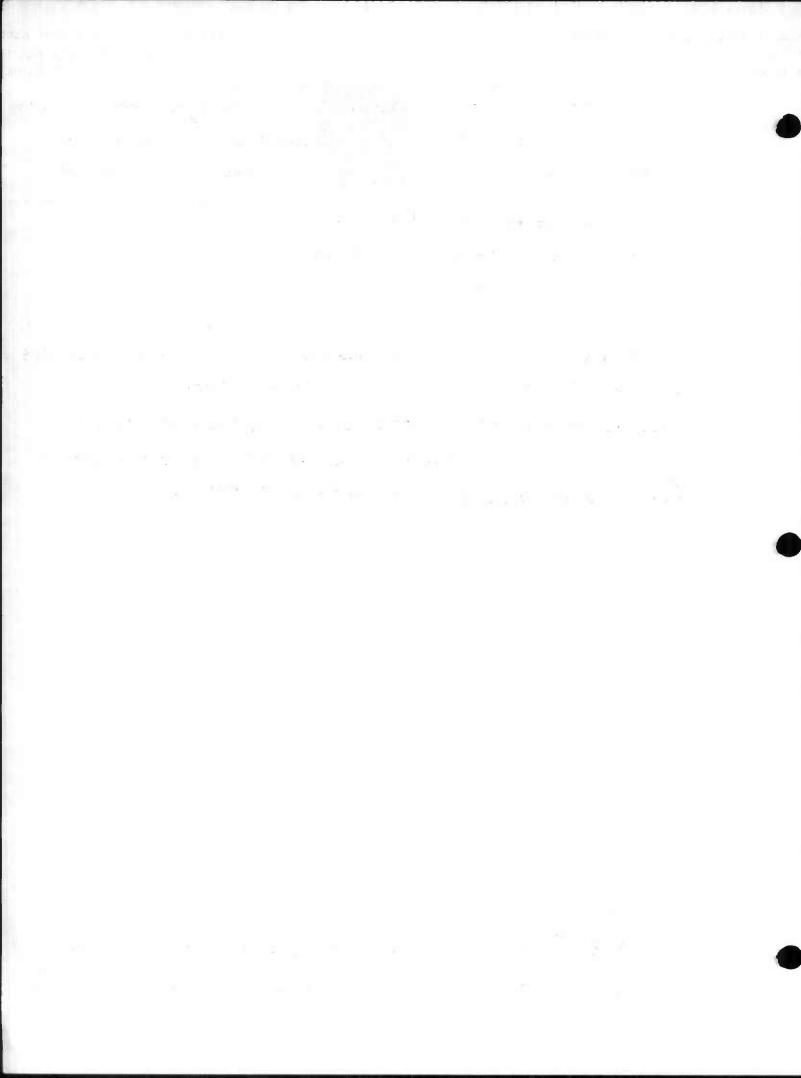


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State of Maryland / Department of Health and Mental Hygiene 96 0822

				C	ertifica	ate of D	eath		Reg. No.	0 00	220	
Physic	ian	1. Decedent's Name (First, Middla, Las					>	2. Date of De			Time of Death	
Physic /Medi		Harol	d S.	V	Vilso	n		March	1 2^{Day} 1	.996	5:30	
Exami		4a. Facility Name (If not institution, give						Location of Deat		of Death		
		1052 Good	d Hope Dri	ve		Si	lver S	Spring	Mo	ntgome	ery	
Funeral Director		5. Social Security Number 6. S 5 7 7 - 5 0 - 4 1 8 0	ex 7. Age (In 58	yrs. last birthda Yrs.	Month		f Under 24 Hrs Hours Min.	8. Date of Bir Mar 3	th Year) 937	9. Birthplace Country Mary 1	(State or Foreig and	
p .		Usual Residence of Decedent	1									
show 1 at	L	10a. State 10b. County	100	c. City, Town or		G - '					nside City Limi	
W T	cto	Md Montgo	omery	511	ver	Spri	.ng			1	∰Yas 2 □ i	
E 65 E	Director	10e. Street and Number			10f. Z	Zip Code			10g. Citizen of V	What Country?		
23e	al	1052 Good	Hope Driv	e,		20905			U.S	.A.		
8 = 5	Funeral	11. Maritai Status	12. Was Decedant Evar Armed Forces? 1 ☐ Yes 2 ☐ No	In U,S. 1	3. Was Dac	edent of Hisp	anic Origin? (S	pecify Yas or No to Rican, etc.)	- 14. Rac	e - Amarican In	dian,	
is 1 and 2. should be lifed within 72 hours after deeth with the Maryland feeth end Mental Hygiena. 14 Hostin and Mental Hygiena. 15 The marked other than "natural", or frems 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	12	1 Nevar Married 2 Married	1 ☐ Yes 2 ☐ No If Yes, Give			2[2 KNo		100011, 010.)	Specify			
Sa Sa	d by	3 Widowed 4 Divorced	Year or Dates:						Specify	Black		
nettu (2)	Completed	15. Decedent's Ed (Specify only highest gra	lucation da completed)	16a. De (Gi	cedent's Us	suai Occupati	on ring most of wo	rking	16b. Kind of Bu	usiness/Industry	1	
Hygiena. ther than "	du	Elementery/Secondery (0-12)	College (1-4or 5+)									
z snould be fried with end Mental Hygiene. Is marked other than aumatic event, the	S	10th Grade		Mai	ntena		Worker		Md Pai		lanni	
d off	Be	17. Fathar's Name (First, Middla, Last)							, Meiden Suman	10)		
Men	2	Charles E. Wil	Lson				марте	V. You	ing			
Pue Bi		19a. Informant's Name/Raiationship (7	Type, Print)	19b. Me	eiling Addre	ss (Street an	d Number or Ri	ural Route Numb	er, City or Town,	State, Zip Code	e)	
Heelth em 27 other tr		Annabelle Wils						, Rock	ville,	MD 20	853	
T te th		20a. Method of Disposition 133 Buriai 2 ☐ Cramation 3 ☐	20	Ob. Place of Dis	sposition (Ni rematory or	lame of rother place)		Data	20c. Location -	City or Town, S	State	
nent of H int: If ite		4 □ Donation 5 □ Other (Specify		Gate o				3/8	Silver	Sprin	g, MI	
Department of Heelth Important: If them 27 any injury or other treatment of them 27 any injury or other treatment.		21. Signature of Funeral Service Licen	sea /		SNOW	and Address DEN F	UNERAI	HOME,	P.A.			
		23a. Part1. Enter the disease, or compshock, or heart failuie. List only	y moura	w	ROCK	VILLE	, MD	20850			roximate	
/Medical Examiner	er	Immediate Cause (Finel disease or condition resulting in deeth)	a. A cut	to (or as e cons			المعا	De			750 m	
and transit	Examiner	Sequentially list conditions, if any, leading to immediate	b. Due	to (or es a cons	f):							
cian e		Cause (Disease or injury	C									
that the death certificate be executed ed by the attending physician and datached for use as the buriel-transit	Medical	that initiated events resulting in death) Last		to (or as e cons	equence of	i):						
attendin for use	an/J		d									
e att	Sici	Pert II. Other significant conditions co	ontributing to death but no	t resulting in the	underlying	cause given	in Part I.	23b. Did	tobacco use co	ntribute to the	cause of dea	
igned by the a	by Physician/N							1 🗆	Yes 2□No	3 Probably	Winkr	
been s	Completed t							24a. Was	an autopsy ormed?	24b. Were as available complet of death	e prior to	
2 6	, FO							1 🗆	Yes 2 No	1 ☐ Yes	2 No	
page	Be	25. Was case referred to medicat exemper?				2	26. Piece of De	ath (Check only	one)			
page page		Yes 2□ No	Hospital: 1 Inpatient	2 ER/Outpat	tient 3 [DOA Other:	4 Nursing H	fome 5 Resi	dence 6 Oth	er (Specify)		
page page	0	27. Menner of Deeth	28a. Date of Injury (Month, Day Yea	28b. Time		28c. Injury a Work?	t	28d. Describe	how injury occur	red		
rthis certificate h	2			., .,	M							
After this certificate h unaral director, page	2	1 Natural 5 ☐ Pending Investigation			farm, street, factory, office 28f. L				28f. Location (Street and Number or Rural Route Number City or Town, State)			
flar death. Nrector: After this certificate h In by the funeral director, page	2	1 Natural 5 ☐ Pending		At home, farm, pecify)	street, facto	ory, office						
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			4 Decedeate New Clima Addate		-	rtificate of	Death	Re	g. No.		
	Physici	an	Decedent's Neme (First, Middle, Li CARLETON	EUGENE	WE	ВВ		2. Date of Death Month	Dey	Year	. Time of Death
0	/Medi		4a. Facility Neme (If not institution, gi				4b. City, Town, or L	FEB. 28,	1996 4c. County		9:15 A.M
J.	Examir	ner	9707 OLD GEORGET	Company of the same	2519		BETHESD				
1	Funeral		5. Social Security Number 6.		yrs. lest birthdey)	If Under 1 Yeer	If Under 24 Hrs.	8. Dete of Birth (Month, Dey,		9. Birthplace	(State or Foreign
	Director		012-12-4986 Usual Residence of Decedent	MDM 2□F 77	Yrs.	Months Days	Hours Min.	SEPT. 1	5 1918	NEW JE	RSEY
	Maryland H show	tor	10a. State 10b. County MARYLAND MONTGO		City, Town or Lo						Inside City Limits
	r 28a	irec	10e. Street and Number	HENT	RIHESDA	10f. Zip Code		10	g. Citizen of V	What Country?	
	th wit	a D	9707 OLD GEORGET	OWN RD., # 25	519	20814		U	.S.A.		
020	d within 72 hours after death with the Maryland plene. I than "natural", or frame 23a or 28a-f show the Madeal Examine must be recitied at the Madeal Examine.	by Funeral Director	11. Merital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?	Yayes 2 No WWII				Blac	e - American lick, White, etc. WHITE	
21215-0020	5 .	Completed	15. Decedent's Elementary/Secondary (0-12)	College (1-4or 5+)	(Give	DO NOT use retire	during most of work	sing 1		usiness/Indust	гу
d 2	tel Hygie d other avent, tr		12 17. Father's Name (First, Middle, Las.	5+	LAWYE	R	18. Mother's Nem	e (First, Middle, M	BANKII		
Maryland	a d d v	To Be	WILLIAM CARLETO				HELEN RO				
Mar	DEND		19a. Informent's Name/Relationship BARBARA B. WEBB,				t end Number or Rui GETOWN RD				
	if Heelth Itam 27 other tr		20a. Method of Disposition	20		sition (Name of netory or other ple		-		City or Town,	
E O	Pages nent of nrt: If Its iry or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Removal from State	-	RT CREMA		3/2/96 A	LEXAND	RIA. VA	
Baltimore,	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Fundral Service Lice		22	. Name end Addre	ess of Facility JO	SEPH GAW	LER'S S	SONS	
	-		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the d	leath. Do not ent	er the mode of dyl	ng, such as cardiac	or respiretory erre	st,	tnte	proximate erval Between
	Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	· Cavo	O (or es a conseq	mona		vvest		5	minutes
	cuted nd transit	Examiner	Sequentially list conditions,	b. Cong		Hear	A Du	ease		2	honus
68760,	rificate be executed ng physician and as the buriel-transit	fedical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of):								
Вох	the death cert y the ettending iched for use	Physician/	Part II. Other significant conditions of	d.	and the state of			on Dida-			
P.0	- 0 B		ratti. Otter signincant conditions (contributing to death but not	resuling in the u	nderlying cause gr	ven in Parti.	1 To			y 4 Unknown
Records,	aw requires ts been sign 2 should be	Completed by						24e. Was an perform	autopsy ed?	aveileb	autopsy tindings ble prior to etion of cause th?
œ —	0 - 2	Com						1 ☐ Ye	s 2□No	1 □ Ye	s 2 No
Vital		Be	25. Was case referred to medical examiner?					th (Check only one)		
0	S 00	2	1 Yes 2 No		ER/Outpetlen	1 3LI DOA		me Resider			
	Attanding P r deeth. bctor: After t by the funera	ation:	27. Menner of Death 1 ► Natural 5 □ Pending 2 □ Accident investigatio	28a. Dete of Injury (Month, Dey Year	28b. Time of Injury	Wo	ry at rk? Yes 2 □ No	28d. Describe how	w Injury occuri	red	
É	i Die o	Certification:	3 Sulcide 6 Could not be determined		at home, farm, streecify)	eet, factory, office		28f. Location (Str. City or Town,	eet end Numb Stete)	er or Rural Ro	ute Number,
	n 24 hours on Europainal less funeral pletaly filled	edical (29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of my linner: On the basis of exam and manner steted.	knowledge, death ination and/or inv	occurred at the tir restigation, in my o	me, date and placa, opinion, death occur	and due to the car red et the time, da	use(s) end ma te and place, a	inner as stated and due to the	i. cause(s)
	within 2 To the comple	Me	29b. Signeture and title of certifier	1/0		29c. Licens	se number	29	d. Date signe	d (Month, Dey,	Year)
	. 0		Laurence	Klem M. 1),	D.C.	1439	8	2/28	196	
	10		30. Neme and address of person who				N 11 11.0	IITNOMON I	0.0	2016	
	Sta	te	IAWRENCE KLEIN, 31. Date filed (Month, Day, Year)	32. Registrar's SI		O AVENUE	N.W. WAS	HINGTON	D.G. 20	אווע	

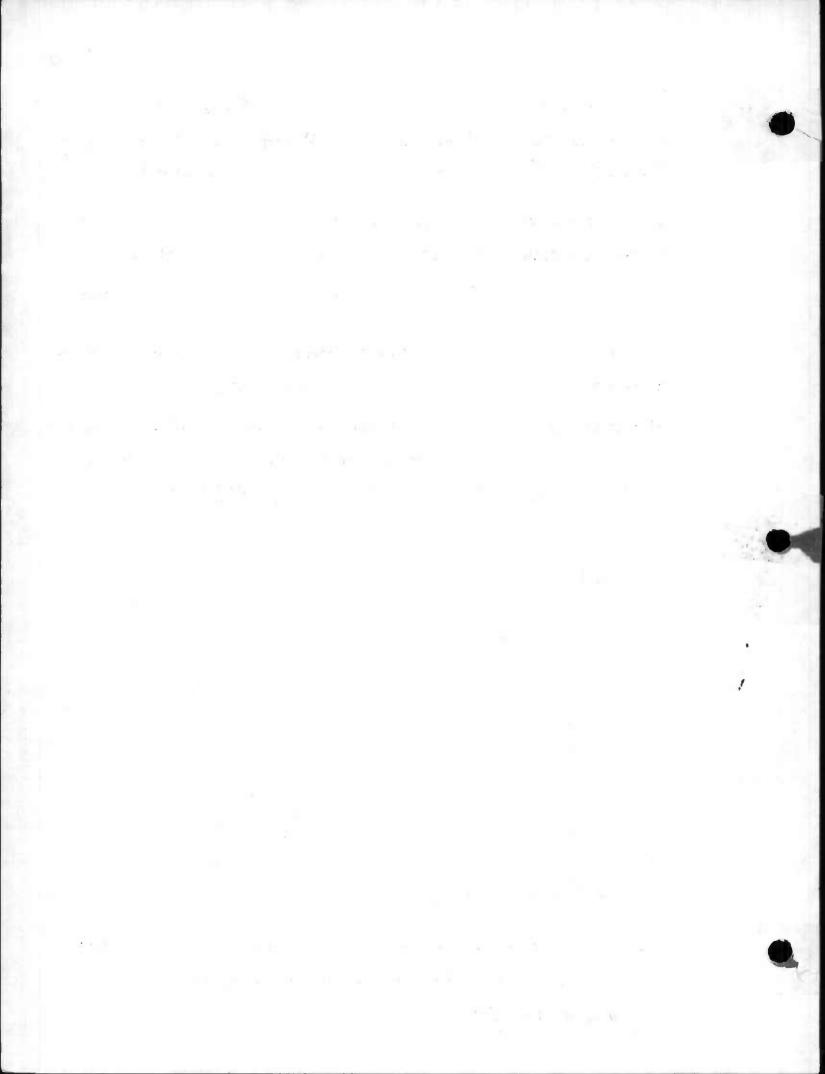
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THE REPORT OF THE PROPERTY OF THE PARTY OF T

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O C

			State of M	arylar				Death	wentai ny	Reg. No.	6	182	30
Physic /Medi		1. Decedent's Neme (First, Middle, La). IDER						2. Date of D Month	Dey	996	3. Time	of Deeth 206 AW
Examin Funeral Director	ner	5. Sociel Security Number 578 - 68-8141	HEARTH	CW4	last birthdey) 4 Yrs	If Under Months		b. City, Town, or H WHS If Under 24 Hrs Hours Min	8. Dete of B	Prin ov Year Oct	ca G	ece (Stat	or Foreign
ahow		Usuei Residence of Decedent 10a. Stete 10b. County		10c. Ci	ty, Town or Loc	ation					10	d. Inside	City Limits
death with the Maryland me 23a or 28a-f ahow mat be notified at	ctor	Md. Montgo	omery		Silver	Spri	ng					PC) Y	es 2 No
vith the	Director	10e. Street end Number		***		10f. Zip				10g. Citizen of	Whet Count	iry?	
seath w	ral	1905 East West Hi					2091			United			
_ p	by Funeral	11. Maritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 K If Yes, Give Yeer or Detes:		,lt	Yes, spec		spenic Origin? (3 n, Mexican, Puer Specify:	Specify Yes or N rto Rican, etc.)	Specifi	ce - Americe ck, White, e y: B]		
within the Me	Completed	15. Decedent's Ed (Specify only highest green Elementery/Secondery (0-12)	ducation ade completed) College (1-4or s	5+)		ind of wor O NOT us	k done d e retired	uning most of wa	orking	16b. Kind of B			
nd 212 e filed withi al Hygiene. other then	ပိ	12th 17. Fether's Neme (First, Middle, Last,			AIII	maı (CONT	roller 18. Mother's Ne	me (First, Middle	Federal		ET THUE	ent
aryian should be and Mental marked or umatic eve	To Be	John Wilder						Qula Di			-/		
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event	-	19e. Interment's Name/Reletionship (Type, Print)		19b. Meiling	Address	(Street e	and Number or A	lural Route Numi	ber, City or Town,	Stete, Zip	Code)	
teal teal		Corinthia Irving 20e. Method of Disposition 1 Bunai 2 Cremetion 3 4 Donetion 5 Other (Specification)		(1923 Plece of Disposemetery, creme Harmony	ition (Nem etory or of	ne of ther plec	9)	2/22/96	20c. Location		wn, Stete	id.
Baitimor permit. Pages Department of P important: If He any injury or of		21. Signeture of Funerei Service Licer			22.	Neme end	Addres • HO	s of Fecility rton Co		ians, Ir			1
by BOX 58/00, or death centificate be secured to death centificate be secured to the first of the burial-transit and for use as the burial-transit.	an/Medical Examiner	23a. Pen1. Enter the disease, or com shock, or heert teilure. List only immediate Cause (Finei disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. Carl	Pue to (c	*	nence of):	∕\$€	FAIL	ne		1	Approxim Interval E Onset an	Between
d by	/ Physiclan/M	Pert II. Other significant conditions of	ontributing to death b	ut not res	ulting in the und	derlying ca	ause give	en in Pert I.		tobacco use co Yes 2□ No			e of death? □ Unknow
Of Vital necords, Physician: The law requires the certificate has been signed rail director, page 2 should be	Completed by								per	s an autopsy ormed?	ava con of d	re sutops ilable prio pietion of leath?	of cause
inn: inn:	Bec	25. Wes case reterred to medical examiner?						28. Place of De	eth (Check only			112/	
fund Ahe	Certification: To	1 Yes 2 No 27. Menner of Death 1 Neturel 5 Pending investigation	28a. Dete ot fnju (Month, De	ry	ER/Outpatient 28b. Time of Injury		Bc. fnjury Work	4 UPTVUISING I		idence 6 Oth)	
To the Hospital or Attent within 24 hours after deal To the Funeral Director: completely filled in by the		3 Suicide 6 Could not be determined	building, etc	c. (Specif	(y)		- 1/2		City or To	(Street and Numb own, Stete)			umber,
Hospital 24 hours Funeral etely filled	edical	29e. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of inner: On the basis of end menner ste	examine	wiedge, deeth o tion end/or inve	occurred e estigetion,	t the tim in my op	e, dete and plece inion, deeth occ	e, and due to the urred et the time	cause(s) and ma , dete and pieca,	anner as sta and due to	ated. the cause	e(s)
within 70 the comple	Me	29b. Signeture end title ot certifier	ond monitor ste			29c.	License	number		29d. Dete signe	d (Month, E	Day, Year)
14		Mart.	s. Me	un .	~	D	M 4	4777	2-	March	5, 19	996	
2		30. Name and eddress of person who or . Maruthi Manne	completed cause of d ey 2415 Mu	eath (Item	ve Road	rint)	lver	Spring	, Md. Su	ite 205			
Sta Registr		31. Dete tiled (Month, Dey, Year). MAR OF 1	32. Registro		eture Leve Raula	rt.							



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State of Maryland / Department of Health and Mental Hygiene O.C.

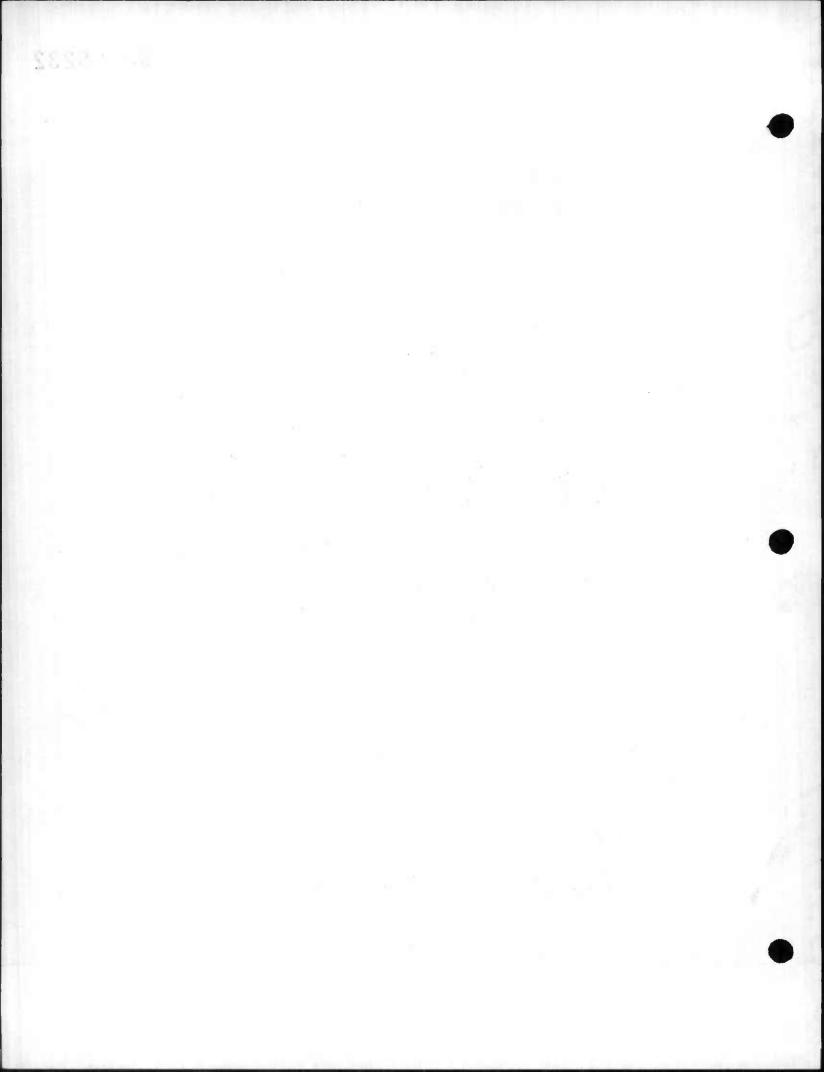
,	Ame	nde	ed #2, 3/6/96, JW,			Certificate of			leg. No.	U	8231
			1. Decedant's Nama (First, Middla, Last,					2, Data of Dea	th	Year	3. Time of Deeth
	Physici /Medio		Zennie Virgin		.ey			March	-	1996	10:38 AM
	Examir	er	4a. Facility Nama (If not institution, give: Holy Cross Hospi				4b. City, Town, or Loc Silver St		4c. County	of Death gomer	У
-	Funeral		5 Social Security Number 6 Sec	7 400	(In yrs. last birth	day) If Undar 1 Yaar	If Undar 24 Hrs.	8. Dete of Birth		9. Birthple	ace (State or Foreign
4	Director		5/8-10-4/15	M XXF	80 Y	rs. Months Deys	Hours Min.	lay 13,	ſ915	Virg	inia
	and		Usual Rasidance of Decedant 10e. Stete 10b. County		10c. City, Town	or Location				10	Od. Inside City Limits
	Maryl H sho	tor	Maryland Montgom	ery	Silve	er Spring					Yas 2 No
	or 28s	Director	10e. Street end Number			10f. Zip Coda		1	0g. Citizen of V	Vhat Count	ry?
	23a c		2700 Shanandale	Drive		2090)4		Unit	ed St	ates
020	parmit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mentel hygiene. Important if fem 27 is marked other than "natural" or frame 23a or 28a-f show any injury or other traumatic avent, trailland Examinar must be notified at once.	by Funeral	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Married XX Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forces? 1 ☐ Yes ŽŽ N If Yas, Giva Yaar or Dates:	Evar in U,S.	13. Wes Decedent of H If Yes, specify Cub 1 ☐ Yes ※ No		cify Yes or No- lican, atc.)	14. Rece Biac Specify	e - Amarica k, Whita, a Whi	atc.
5-0	72 ho natur dical	eted	15. Decedant's Edu (Specify only highest gred	cation completed)	169. [Decedant's Usuel Occup	petion during most of workin	a	16b. Kind of Bu	sinass/Ind	ustry
121	within ne.	Completed	Elementery/Secondery (0-12)	Collega (1-4or 5	+)	Giva kind of work dona life. DO NOT usa retire	d)		Doctour	ont V	lanager
d 2	Hygie Hygie ther t	ပိ	12 17. Fathar's Nama (First, Middla, Last)		1	Retail	18. Mother's Neme		Restaur Maidan Sumam		lanager
lan	lid be ked o	To Be	Francis Isaac Mu	llin			Mabel Wa	114			
Mary	nd 2 shou lith and M 27 is mar r traumat		19a. Informant's Name/Relationship (Ty Peggy Flood	Daughte		Meiling Address <i>(Street</i> 00 Shanand <i>a</i>					Code) 20904
Baltimore, Maryland 21215-0020	Pages 1 a ent of Hac nt: If Rem ry or othe	1 2	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ R	emoval from Stata		Disposition (Nama of crematory or other pla lem Baptist			20c. Location - Emerto		
Balti	Departm Departm Imports any Inju		21. Signature of Fundral Service Ligense	101		22 Name and Addre Hines-Kina	ess of Fecility	al Home		nrino	g, MD 20904
			23a. Part1. Entar the diseasa, or corpulations shock, or heart failure. List only or	cations thet caused	tha daath. Do no					Pring	Approximata
•	Physician /Medical Examiner		Immediata Causa (Final disaase or condition rasulting in daath)		_	ISEMA					Intarval Between Onset end Deeth
	D #	iner			DOM 10 (01 MB M 00	nisequalities ory.				j i	
	tificate be executed g physician and as the bunal-trensit	edical Examiner	Sequentially list conditions,	,	Dua to (or as a co	onsequence of):					
68760,	sician buria	alE	Sequentially list conditions, if eny, leading to immadiata cause. Enter Undarlying Cause (Disaasa or Injury that initiated evants		The second of						
	ertificate ding phy sa as the	_	resulting in death) Last		Oua to (or as e co	nsequence of):				i	
Box	hat the death cert ad by the attendin detached for use	Physician/M						4			
0	t the d	hysi	Pert il. Other significant conditions con		t not rasulting in t	the underlying cause gi	ven in Pert I.				the cause of death?
ď.	ilras that signed b d be dati		PNEUMON	IA				101	98 ZU NO	3 1 100	abry 4 Onknown
Division of Vital Records, P.O.	requiper /	Completed by	SQUAMOUS CELL	CANCE	ROF	PYRIFOR	m SINUS	24a. Was a perfor	n eutopsy med?	con	ra autopsy tindings illable prior to appletion of cause leath?
Ä	The lew ite hes page 2	mo:						1□ Y	as 2 No	1 🗆	Yas 2□ No
/ita		Bec	25. Was case rafarrad to medical axaminar?				26. Place of Deeth	(Check only or	16)		
of V	Physic this ce ral dire	ဥ	1 ☐ Yas 2 🔀 No	· · · · · · · · · · · · · · · · · · ·	nt 2 ER/Outp	Batterit 3L DOA	ner: 4 Nursing Hom				2
no	fter	lon:	27. Mannar of Death 1 ØNaturel 5 □ Panding	28a. Deta of Injur (Month, Day	Year) 28b. Tir Inj	ury Wo	ry at rk? Yes 2 □ No	8d. Dascribe h	ow Injury occurr	ed	5
isio	death ctor: y tha	flcat	2 Aocidant invastigation 3 Sulcida 6 Could not be	28a. Place of Inju	rv - At home, farr	n, straat, factory, office		8f. Location (S	traat and Numb	er or Rural	l Routa Number.
Ö	ofter Directory	Certification:	4 ☐ Homicida determined	building, atc	(Specify)	ii, stiaat, tactory, omco		City or Tow	n, Stata)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	To the HospitalAttending within 24 hours efter death. To the Funeral Director: After completely filled in by the fune.	Medical C	29a. Certifiar (Check only one) 1 Certifying Physical Examination (Check only one)	ician: To the best of er: On the basis of end mannar sta	axamination and/	daeth occurred at tha ti or invastigation, in my	ma, data and placa, a opinion, deeth occurre	nd dua to tha c d et tha tima, d	ausa(s) and ma late end place, a	nnar as sta and due to	ated. the cause(s)
	To th To th comp	M	29b. Signeture end titla of cartifiar			29c. Licens	se number	2	29d. Date signed	1 (Month, E	Day, Year)
	1		De M.I).		D	35941	1	MARCH	2 1	996
	4		30. Nama and addrass of person who co	mpleted causa of da	ath (Itam 23a) (T	ype, Print)				,	- · · · · ·
			# 401 50 W · 1	=DMONST	DN DR	. ROCK	VILLE,	MD	2085	2	
	Sta Registr		MAR 06 1996	July alund	ser landal						

a arment SANAZ I

was a sharing of his book at the party

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	=	
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	
		*-	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN				
	OTTIGEL	LWOOD WILSO)N		2. DATE OF DEATH MONTH MARCH 5	DAY YEAR 1996	3. TIME OF OEATH 9:35PM		
	4. SOCIAL SECURITY NUMBER 577-05-7571 9a. FACILITY NAME (If not institution, gi	1 XM 2 - F 90	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRIS MONTHS DAYS HOURS MIN	DEC: /15/190	Cour	SHINGTON, DC		
TOR	ST. MARY'S NURS			LEONARDTOWN.		ST. MARY'S			
DIRECTOR	MARYLAND CHA	RLES	10c. CITY	TOWN OR LOCATION WALDOR	F	10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
ERAL	100. STREET AND NUMBER 3587 OLD WASHING	TON ROAD		10f. ZIP CODE	602		STATES		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	A NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer 1 YES 2 XNO Sp.	ican, Puerto Rican, etc.)	Bia	CE — American Indian, ock, White, etc.		
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12	College (1-4 or 5 +)	(Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of working refred.) T ATTORNEY	16b. KINO OF BI	USINESS/INDUSTRY			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) RAYMOND STED WIL			18. MOTHER'S MARY	NAME (First, Middle, Malde FRANCES GIE	SON			
10	196. INFORMANT'S NAME (Type/Print) CATHERINE R. HOU	SLEY		PRESS CREEK RO			ID. 21146		
	23. PART I. Enter the diseases, ahock, or heert fellu IMMEDIATE CAUSE (Final disease or condition	OHAWN MOO	0053 d the death. Do n	S CHURCH CEMET 22. NAME AND ADDRESS OF THE HUNTT FU P.O.BOX 156, ot enter the moda of dying, a	NERAL HOME, WALDORF, M	INC.			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. July to for as	A CONSEQUENCE OF	esoula	ann.	ua General	a has		
IAN: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								
SIC	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	26. PLACE OF DEATH OTHER: Nursing Home 5 Residen					
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigati 3 Suicide 6 Could not	28e, PLACE OF INJUR	28b. TIME INJI	M 1 YES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street		al Route Number		
ETED	4 Homicide determine		ecify)		City or Town, Stat				
COMPL	and and			d at the time, date end place, and n, in my opinion, death occured at			e(e) and manner as stated.		
TO BE C	296, SIGNATURE AND TITLE OF CERT	10/11	175/	29c, LICENSE	6419	29d. DATE SIGN	ED (Month, Day, Year)		
_	30. NAME AND APPRESS OF PERSON			Print)	,				
	MAR 0 8 1996	32. BEGISTMAR'S SIG	NATURE	-					



BALTIMORE, MARYLAND 21215-0020

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 6876

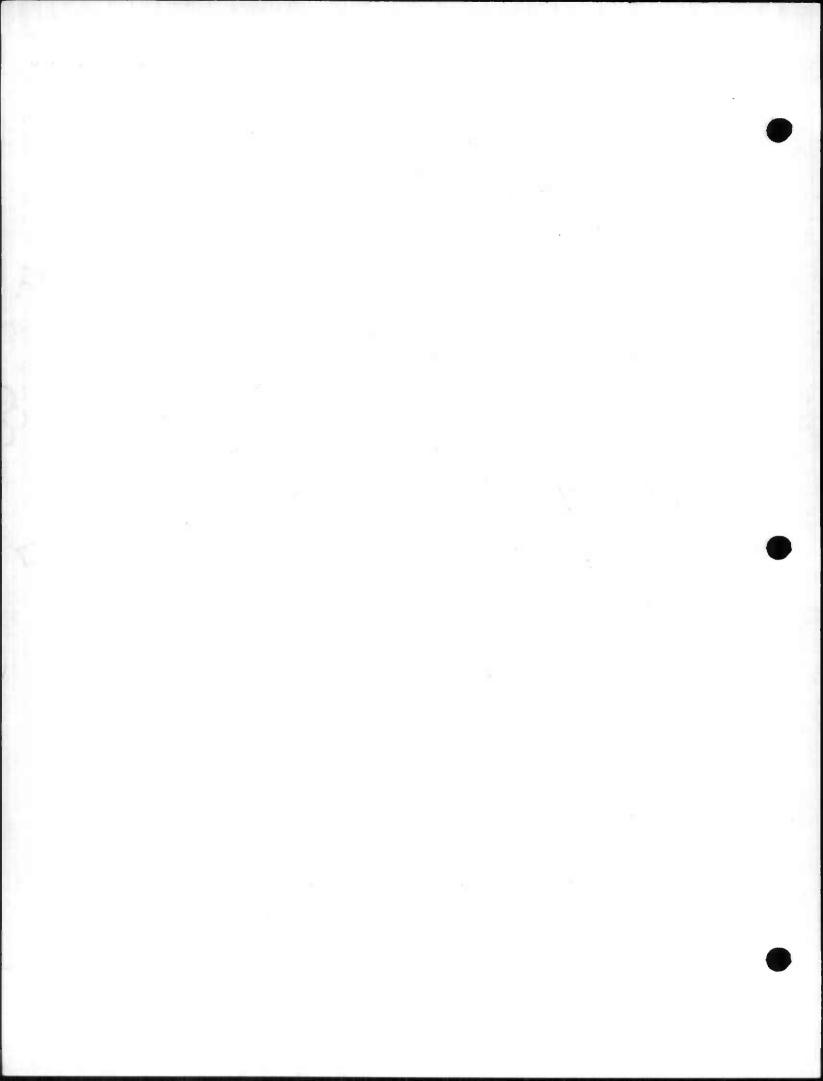
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burla, cremation, or removal.

IMPORTANT: If tem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE O	F DEATH	REC	3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	ATH	;	3. TIME OF DEATH
	JOHN McKINLEY WATKINS				FEB. 27	1996	YEAR	1210 M
		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	6. BIRTHP	LACE (State or Foreign
	212-40-1129 15M2□F 96	/ı YRS.	IONTHS DAYS	HOURS MIN.	OCT. 9	1901	MARY	TAND
	912-40-1138 90 98. FACILITY NAME (If not institution, give street and number)		DI OUTY TOWN	OR LOCATION OF DI			UNTY OF DEA	
œ		1.			EATH			
0	ANNE ARUNDEL MEDICAL CENTER		ANNAP	OLIS		P	ANNE A	RUNDEL
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CITY	TOWN OR LOC	ATION				10d. INSIDE CITY
=								LIMITS?
	MARYLAND ANNE ARRUNDEL	EDG	EWATER					1 XYES 2 NO
₹	10e. STREET AND NUMBER			10f. ZIP CODE		10g. Cl		HAT COUNTRY?
Ü	3741 OAK LANE			21037			US	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 YES			ECENDENT OF HISPAI			14. RACE -	- American Indian, White, atc.
BY F	1 Never Married 2 Married IF VES 1 YES IF YES, GIVE WAR OR D/			ES 2 🗑 NO Specif		(G.)	Specify	
	3 [] Wildows 4 [] Divoleto						В	LACK
世	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U. (Give kind of wo	SUAL OCCUPA	TION most of working	16b. KIND	OF BUSINESS/IF	NOUSTRY	
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use	retired.)					
MP	6th 0	CUSTODI	AN		A.A.	co. sc	CHOOL	BOARD
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle,	Maiden Surname))	
ш	JOSHUA WATKINS			MARG	ARET FOR	RESTER		
B	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street	et and Number or Rural	Route Number, City	or Town, State, 2	Zip Code)	
2	RUTH WATKINS	3741 0	AK LAN	E EDGEWAT	ER. MD.	21037		
	20a. METHOD OF DISPOSITION 20b	PLACE AND DATE OF				20c. LOCATION -	- City or Tow	n, Stata
	ty⊡ Burlal 2 ☐ Cremation 3 ☐ Ramoval from Stata cent 4 ☐ Donation 5 ☐ Other (Specify) CH	etery crematory or other EWS CHURC	er place)	TERV	3/2/96	OWENSV	/TI.I.F	MD
							, 1000,	110.
	· Harry B. K.	2220	REESE	& SONS M	ORTUARY	, P.A.		
	11000y 12, 13		821 W	EST ST. A	NNAPOLI	S, MD.	21401	-
	23. PART I. Enter the diseases or complications that caused ahock, or heart failure. List only one cause on a	f the death. Do no	t enter the i	node of dying, suc	h es cerdiac o	respiratory a	errest,	Approximate
	IMMEDIATE CAUSE (Finel	ecn line.	1					interval Batween Onset and Death
	disease or condition ————————————————————————————————————	BLO	Colon	Cane	er.			1 lear +
		CONSEQUENCE OF)						1
2								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A	CONSEQUENCE OF)						
3	cause. Enter UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF)	;					
E	resulting in deeth) LAST							
2								
DICAL	PART ii. Other aignificant conditions contributing to death b	ut not resulting in	the underly	ing cause given in	Part I. 24a. \	WAS AN AUTOPS		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8					1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YES	ON [UNCERTAI	N 🗆			
A	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH						
PHYSICIAN:	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outs		OTHER:	lama & C Stratification	e [] Other (Cons	44.1		
¥	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME		ome 5 - Rasidenca		HOW INJURY O	CCUBED	
	1 Natural 5 Pending (Month, Day, Year)	INJU	RY	WORK?	ZOU. DESCRIBE	non moon o	CCORED	
BY	2 Accident Investigation 3 Suicide 2 Suicide 28s. PLACE OF INJURY	At home form et			204 I OCATION	(Street and Numb	010	
8	3 Suicide 6 Could not be building, atc. (Spec	cify)	reet, factory, o	mea	City or Town		per or Hunai Ho	oute Number,
립	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred	at the time, d	ate and place, and du	to the cause(s) a	ind manner as a	rtated.	
COMPLET	One) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation	, in my opinior	, death occured at the	time, data and p	eca, and dua to	the cause(s)	and manner as stated.
В	29b. SIGNATURE AND JITLE OF CERTIFIER	111		29c. LICENSE NU	MBER	29d. D/	ATE SIGNED	Month, Day Year)
0	Harve & Steinfe	le		1051	158	>	2/2	28/96
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	1000				
	MARYES 11 STEIN	EFLA	M	0 51	HADIS.	ne .	Mel	20764
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	IATURE	1	, ,	- Juliano	/ /		
		idson Panda	92.					
	WAK U 4 1330 7000 100	AT OF COMPANY AND STATE OF	-					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08234

						Certifica	ate of	Death		Re	eg. No.	O	0204
			1. Decedent's Name (First, Middle, La	ist)					2	. Date of Deat	h		3. Time of Death
	Physic		Charlot	te Joan V	Weidman	n			1	Month	Day 10	Year	1.15436
Ŷ.	/Medi		4a. Facility Neme (If not institution, give		· CIGINGII			4b. City. To		ebruary	29 19 4c. County		1:15AM
7	Exami	ner			. 7111		1						
_			Corsica Hills Ce				e der 1 Year	Centr	evill		Ke		
П	Funeral			Sex 7. Age and 7. Age	(In yrs. last birt	Yrs. Month		Hours	Min.	. Date of Birth (Month, Dey,	Year)	9. Birthp	place (State or Foreigntry)
L	Director		218-14-3163		81	TIS.			J	une 25	1914	Mary	land
	20 >		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town								
	aryla a ho	-	,									,	10d. inside City Limits
	M Page	ct	MD Anne Ar	undel	An	napoli	S						1 X Yes 2 No
	# 52 F	Director	10e. Street end Number			10f. 2	Zip Code			10	0g. Citizen of V	What Cour	ntry?
	38 E		82 Conduit Stre	no.t				21401			77 1		
	ter death with the Merylan Hema 23a or 28a-f show Iner must be notified at	Funeral	11. Maritai Stetus	12. Was Decedent Ev	er in U,S.	13. Was Dec	cedent of t	lispanic Ori	igin? (Spaci	fy Yes or No-	United 14. Rec	a - Americ	ces can indian,
	草青	E	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No)	If Yes, sp	pecify Cub	an, Mexicai	n, Puerto Ri	can, etc.)	Bied	ck, White,	etc.
Ž	within 72 hours after death with the Meryland ene. then "natural", or Nema 23a or 28a-f show its Medical Examiner must be notified at	þ	3 N Widowed 4 □ Divorced	if Yes, Give Yeer or Dates:		1 ☐ Yes	2 ∑ №	Specify:			Specify	Whi	ite
Ş	tur thu	8	15. Decedent's E	ducation	169	Decedent's Us	sual Occur	netion			16b. Kind of Bu	usiness/In	dustry
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Ĕ	d off	Be	17. Father'a Name (First, Middle, Last,	/				18. Mothe	ers Name (i	rirst, Middle, N	<i>faiden Suma</i> m	(8)	
Ž	should be and Mental marked o	2	John Augustowsk	i					Lott:	ie Jave	k		
Maryland 21215-0020	and and and		19a. Informent's Name/Reletionship (Type, Print)	19b.	Meiling Addre	ess (Street	and Numb	er or Rural I	Route Number	City or Town,	State, Zip	Code)
≥			Richard Weidman	ın	10	57 Lido	Dri	ve An	napol:	is, Mar	yland :	21401	
ā	f Healt frem 2 other		20a. Method of Disposition		20b. Placa of cemeter						20c. Location -		
bailimore,	permit. Peges 1 an Department of Heal Important: If item 2 any injury or other 2003.		1 ☐ Burial 2X Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif						2/0//04				
	it. Partin		21. Signature of Fundral Service Licar		Ft. Li	UCOTU (rema	cory	3/2/90) B	rentwo	od, M	Maryland
מ	Depa Impo			1300		22. 1401110	and Addre	S C	John I	1. Tayl	or Fune	eral	Home, Inc
			MANAMAN			14/ Du	ike o	f Glo	ucest	er St.	Annapo:	lis,	MD 21401
			23e. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the	he deeth. Do n	ot enter the m	ode of dyl	ng, such es	cardiac or i	espiratory arre	est,		Approximate Intervai Between
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y	/Medical		Immediate Cause (Final disease or condition		7	Jonen	m						2 uch
	Examiner		resulting in death)	a			.0.						,
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	eeth certificata be executed attending physician and for use as the burial-transit	Examiner		b		3						1	
D.	al-tra	xa	Sequentially list conditions, if any, leading to immediate	DI	ue to (or as a c	onsequence o	of):					1	
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68/60,	certificata be executed Iding physician and Ise as the burial-transit	edical	resulting in death) Lest	Du	ue to (or as e c	onsequenca o	f):					1	
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9	deeth c	lan	<u> </u>										
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	et the by the etache	P	Denut	<u>. </u>						1 🗆 Y	8 2 40	3 Pro	bebly 4 Unknow
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Decord	- e o									24e. Was a			are autopsy findings allable prior to
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ב	The law ata has t page 2 s	Completed											
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Alla	Iclan: certific rector,	Be	25. Wes case referred to medical examiner?	Hearthan.			0.0		of Deeth (Check only on	θ)		
5	Physician: this certific ral director,	2	1 ☐ Yes 2 No	Hospitel: 1 Inpatient	2□ER/Out	patient 3 (4 KOLINI	ursing Home	5 Reside	nce 8 □Oth	er (Specif	<i>y</i>)
		:uo	27. Manner of Death 1>□Retural 5 □ Pending	28a. Date of Injury (Month, Day)	Year) 28b. T	ime of njury	28c. Inju Wo	rk?	28	d. Describe ho	w injury occur	red	
5	Attending or death. Sector: After by the fune	ati	2 ☐ Accident investigation			М	1 🗆	Yes 2□	No				
	or Attendate after deat Director:	E E	3 ☐ Sulcide 6 ☐ Could not b 4 ☐ Homicide determined	28e. Pleca of injury building, etc.		m, street, facto	ory, office		28	f. Location (St. City or Town	reet and Numb	er or Aure	al Route Number,
5	To the Hospital or Attent within 24 hours after deati To the Funeral Director: completely filled in by the	Certification:		building, etc.	(Opoony)					Only or roun	, oluto,		
	ners Ners		29a. Certifier CertifyIng Ph	ysician: To the best of	my knowledge,	deeth occurre	ed et the ti	ne, date an	d piace, and	d due to the ce	use(s) end ma	inner as s	tated.
	To the Hospital within 24 hours e To the Funeral I completely filled	edicai	(Check only 2 Medical Exam	niner: On the basis of ea and manner state	xeminetion and id.	Vor investigation	on, in my o	pinion, dee	th occurred	at the time, de	ete end plece,	and due to	the cause(s)
	the state of the s	Me	29b. Signature and title of gertifus	ri .		2	9c. Licens	e number		25	9d. Date signe	d (Month,	Day, Year)
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			1) 4	moun			D3203	U			March	1, 19	996
			30. Neme and address of person who	completed cause of dee	th (Item 23a) (Type, Print)							
			Gary J. Sprouse.	M.D. 2108 I	Didonat	o Drive	e Che	ster.	MD 2	1619 (4	10-643	-6205	5)
	Sta	ite	Gary J. Sprouse, 31. Dete filed (Month, Day, Year) MAR 0 4 1996	3. Begistja	s Signature	- J. 00		,					
	Registr	ar	WIAK U 4 1990	Jula vai	rason-Na	I							

DHMH 16 Rav 6/95

ITEM: 22. PER F.H. FILM G-733lease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3/18/96 t.t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death **Physician** MARCH 9, 1996 C. STEWART 6:40 pm WHITE /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHESAPEAKE HEALTHCARE AND REHAB. CENTER ARNOLD ANNE ARUNDEL 5. Social Security Number If Under 24 Hrs. 6. Date of Birth (Month, Day, Year) Aug. 2, 1911 9. Birthplace (State or Foreign Country) Maryland 7. Age (In yrs. last birthday) **Funeral** 110 M 2□ F Months Days Hours 197-01-4869 84 Director Usual Rasidance of Dacedant the Maryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director 28a-f.y MD Anne Arundel Arnold 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9 must be 791 Ruxshire Drive 21012 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yes 2 ☒No If Yes, Give 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 8 1 ☐ Yes 2 No Specify: Specify: WHITE ģ 3 Widowed 4 □ Divorced Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Die Caster Plastics Mfg. 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumama) Be Pages 1 and 2 should be nent of Health and Mental Forrest C. White Julia N. Kelbaugh 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) nt of Health a : If Item 27 is or other tra June D. Sharma 791 Ruxshire Dr., Arnold, MD 21012 Date 13 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Mar 1 XBurial 2 Cremation 3 Removal from Stata Bethlehem (Steltz) Cemetery 1996 Glen Rock, PA 17327 4 Donation 5 Other (Specify) 21. Signature of Funeral Se reina Lide 22. Nama and Addrass of Facility J.J. HARTENSTEIN MORTUARY, INC. NEW FREEDOM HARDESTY FUNERAL HOME P.A. 12 RIDGELY AVE PA, 17349 ANNAPOLITS, 'MARYLAND 2140 24 SECOND SI.

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ADDROXÍA Approximate Interval Batwaan Onsat and Death **Physician** /Medical Immediate Causa (Final disease or condition resulting In death) Examiner Examiner or Attending Physician: The law requires that the death certificate be executed the burial-transit Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disease or Injury that initiated evants resulting in death) Last of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of) USB is certificate has been signed by the a director, page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 2 No 1 Yas 1 ☐ Yes 2 ☐ No

Be 2 Certification: To the Hospins.
within 24 hours after death.
To the Funeral Director: After

25. Was casa rafarred to medical 28. Place of Death (Check only ona) Other: 1 Yas 2 No 4 Nursing Homa 5 □ Rasidence 6 □ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Yas 2 No 2 Accidant 3 Suicide 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifier 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and due to the cause(s) and mannar as stated. Medicai 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and marhar stated. 29b, Signature and title of pertific 29c. Licansa number 29d. Data signed (Month, Day, Year)

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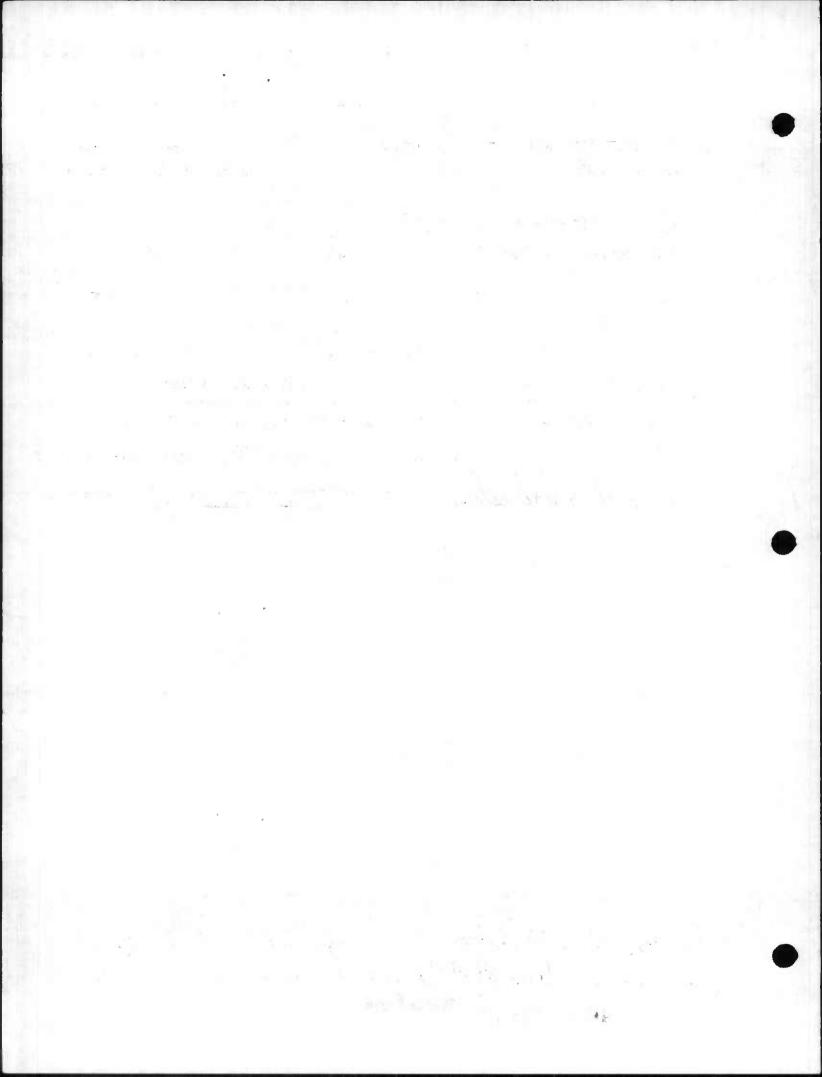
State Registrar

31. Data filed (Month, Day, Year)

implated cause of death (Itam 23a) (Type, Print) AVE STEIN ANNAPOLI) MO 21461 32. Register's Smatting Randell 1996

After this funeral

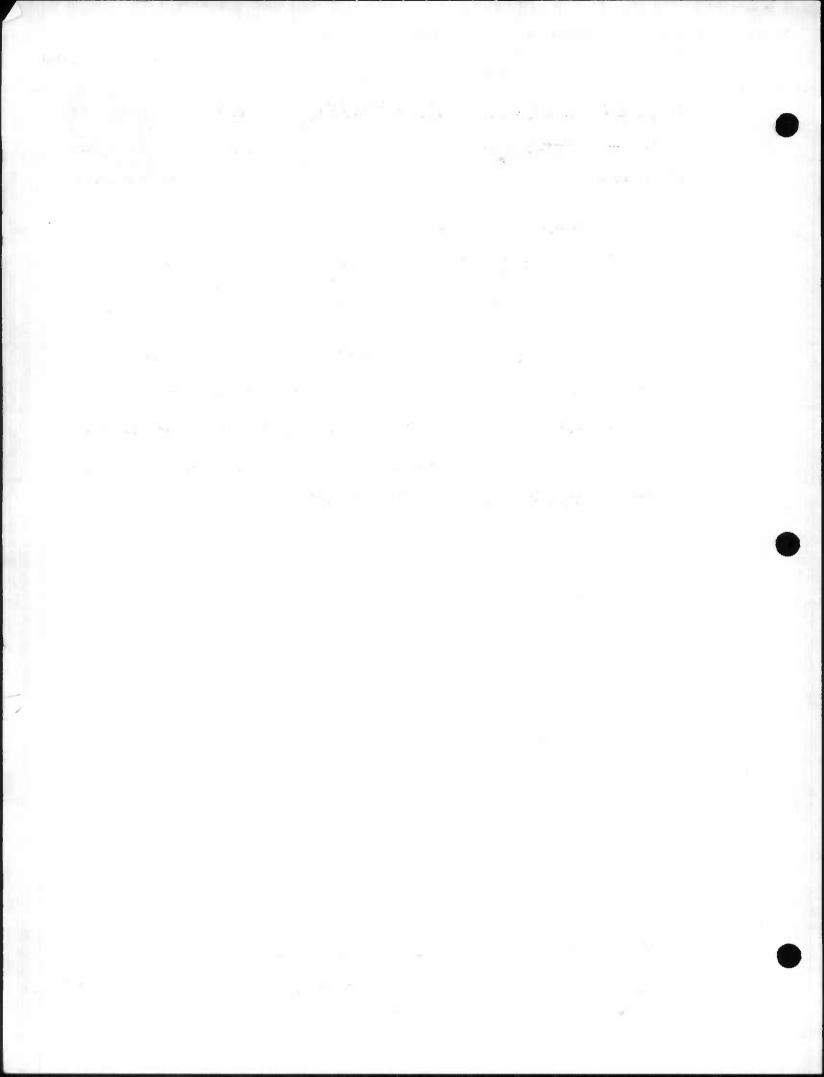
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State of Maryland / Department of Health and Mental Hyg	iene 96	0.8	2
	50	00	Em 1
Cartificate of Double			

	i.		State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death Reg. No.	08236
	Physici /Medic Examir	cal	1. Decedent's Neme (First, Middle, Last) HAZEL EVELYN ZENTMYER 2. Dete of Death Month Peb 29 1996 4e. Feclility Neme (If not institution, give street end number) Washington County Hospital 2. Dete of Death Month Peb 29 1996 4b. City, Town, or Location of Death Hagerstown Washing	
	Funeral Director		The state of the s	placa (Stete or Foreign intry)
	ith the Merylen or 28s-f show e notified at	Director		10d. Inside City Limits 1 ☐ Yes 2 1 No untry?
020	n 72 hours efter deeth with the Merylend "netural", or flems 23s or 28s-f show solicel Expeniese must be notified at	by Funeral [17613 W. Oak Ridge Drive 21740 U.S.A. 11. Merital Stetus 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 4 Diverged 1 Never Married 4 Diverged 1 Never Married 4 Diverged 1 Never Married 5 No Specify: Specify	
21215-0020	d within giene. r than "	Completed	15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) 0-12 16b. Kind of Business/in (Give kind of work done during most of working life. DO NOT use retired) Housewife Her own hou	ndustry
Maryland	should be end Mental a marked o	To Be	17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme)	ip Code)
Baltimore, N	1 end Health em 27 other t		Helen Kreykenbohm 20e. Method of Disposition 1	own, Stete
Balt	permit. Peges Depertment of Important: If it any injury or o		21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 23e. Pert. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylna, such as cardiac or respiratory errest.	21740
	Physician /Medical Examiner		shock, or heart feiture. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in death) e. ARY TAMA	Interval Between Onset end Death
Box 68760,	death certificate be executed e ettending physician and ad for use es the buriel-transit	n/Medical Examiner	Ceuse (Disease or injury that initiated events Due to (or as a consequence of):	DAXC
s, P.O. B	the d	by Physician/Med	Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. CELEBROVASCULAR DISCASE 1 Yes 2 No 3 Pro	to the cause of death?
of Vital Records	e lew requir has been s ge 2 should	Completed	performed? ev co	Vere eutopsy findings veliable prior to ompletion of cause f deeth?
ion of Vital	ing Physician: After this certific funeral director,	To Be	25. Wes case referred to medical examiner? 1	
Division	To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi	al Certification:	3 Suicide 4 Homicide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28e. Place of Injury - At home, ferm, street, factory, offica City or Town, Stele) 28f. Location (Street and Number or Run City or Town, Stele)	
	To the Hos within 24 h To the Fun completely	Medical	(Check only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month,	to the cause(s)
	Sta Registr	_	30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) PAMELA FOL BLADION MD 1759 HONELL RD HASERSTON 31. Dete filled (Month, Day, Year) MAR = 1 1996 32. Registres, Signature	N MD 2019



Piease Type or Print in Black Indelible Ink. Assure Ail Copies Are Legibie.

			State of Maryland / Department of Health and Mental Hygiene 96 08237 Certificate of Death
	Physic /Medi		1. Decedent's Name (First, Middle, Last) WALTER ARMSTRONG. 2. Date of Death Month Day Year MARCH 71 1996 3:43 P.1
	Examil Examil Funeral Director		4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County o
Bartimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	To Be Completed by Funeral Director	Usual Residence of Decedent 106. County 10c. City, Town or Location 10d. Inside City Limits 10d. Street and Number 10d. Street and Number 10d. Street and Number 10d. Street and Number 10d. Street and Number 10d. Street and Number 10d. Street and Number 10d. Street and Number 10d. Street and Number 10d. City Limits 10d. Street and Number 10d. City Limits 10d
	Physician /Medical Examiner	Examiner	23a. Pert1. Enter the disease, or complications that bused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause of such line. Approximate interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to (or es a consequence of): Due to (or es a consequence of): Sequentially list conditions, Due to (or as a consequence of):
Box 68760,	leath certificate be executed attending physician and I for use as the burial-transit	edicai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):
Records, P.O.	The law requires thet the or ate has been signed by the page 2 should be detached	Completed by Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. - DIABETES MEZLITUS - RHUEMATOID ARTHRING 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were sutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 No
Division of Vital	To the Hospital or Attending Physician: The within 24 hours after death. To the Leneral Director: After this certificate completely filled in by the funeral director, page.	Certification: To Be	25. Was case referred to medical examiner? 1
	To the Hosp within 24 hos To the Funel completely fil	Medical	29a. Certifier (Check only one) 20 Medical Examiner: On the bast of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as steted. 20 Medical Examiner: On the basts of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner as steted. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MAN CL., 21 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 29c. License number 29d. Date signed (Month, Day, Year) MAN CL., 21 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 20 DATEL. 20 DATEL. 21 1996
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31. DATE FILED (Month, Day, Year)

MAR 2 2 1996

32. RESISTRAR'S SIGNATURE

filled and com burial, 2 inding physician a Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be the attending p by has been signed by Dept. of Health ar DIVISION OF VITAL certificate h the State 1, or item this (DIRECTOR: After the hours after death v TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If It HOSPITAL

Items:1,4 per F'.H. G-735 5/7/96 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR Item: 20, per F'.H. G-734 4/30 ERTIFICATE OF DEATH
REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH LAURA LYNNE ARMSTRONG 3. TIME OF DEATH 3 35 96 -AURA DRHSTROMG MARCH -AM 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 212-86-4041 212-78-4827 May 30, 1960 35 Maryland 9c. COUNTY OF DEATN 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH Joseph Richey House; 828 Eutaw St. Baltimore City DIRECTOR n/a RESIDENCE OF DECEDENT 10e. STATE 10c CITY TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Anne Arundel Co. Millersville 1 YES 2TENO FUNERAL 10e. STREET AND NUMBER 10f ZIR CODE 10g, CITIZEN OF WHAT COUNTRY? 608 Millwright Ct. #43 21108 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1140 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxicen, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, etc. Never Married 2 Married 1 YES 2 X NO Specify Specify: BY 3 Widowed 4 Divorced white ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) barber COMPL hair salon 17. FATNER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) Charles K. Armstrong Margaret Howard 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Ms.Margaret Fiorino 608 Millwright Court #43, Millersville, MD 21108 20e. METNOD OF DISPOSITION
11/2 Burlel 2 Paremeton 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State emerion 3 - Removal from State Donation 5 Other (Specify) Poplar Springs Cemetery 3-18-96 Poplar Springs, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Jospiratory MIHUTES resulting in death) DUE TO UR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Hopatite CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST WHUNG 1644164 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL . OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 AG 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNEB-OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 264. DESCRIBE HOW INJURY CCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Chack nate of Certifyino Physician: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(e) and menner se atsted. 296. SIGNATURE AND THE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Kolels 008900 3.15-9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) XWIN M





Markett market " " "

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Month **Physician** 1996 9:05 AM Brenda March /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Hyattsville Health Care Center Hyattsville if Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** 1 □ M 2 🛛 F Yrs Director 217 86 4206 Dec. 10, 1963 Maryland 32 Usual Rasidanca of Dacedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits r than "natural", or itema 23a or 28a-f ahow the Medical Exampler naist be notified at n/a Baltimore 1 Yas 2 No Maryland Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2014 E. Pratt St. 21213 United States death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, If and 2 should be filed within 72 hours after Health and Mental Hygiene. 1 ☐ Yas 2 📉 No If Yas, Giva Yaar or Datas: 1♥ Nevar Married 2 Married e, Maryland 21215-0020 White 1 ☐ Yas 2 No Specify: þ Specify 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collage (1-4or 5+) Unemployed n/a 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnema) Robert Joseph Beatty Nancy Marsh 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) . Robert J. Beatty, father 2007 Whistler Ave., Baltimore, MD tem 27 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2X Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Green Mount Crematory 3/12/96 Baltimore, MD 22. Nama and Addrass of Facility CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Bal Enter the disable, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or hour failure. List only one cause on each line. 8717 Green Pastures Dr., Baltimore, MD 21286 Physician immediata Causa (Final disaesa or condition rasulting in daath) /Medical Sepsis Examiner Dua to (or as a consequence of): Physician/Medical Examiner Cardio Pulmonary Failure The law requires that the death certificate be executed attending physician end for use as the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown recordemons Proumonia with cysts, Candida þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Esophpa, tes, Atonic Hadder, B. pular disuder 1 Yas 1 ☐ Yas 2 ☐ No 25. Wes casa referred to medical axaminar? Hospital or Attending Physician: Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2N No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) this 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. injury at Work? 1 Natural 5 Panding death. 1 Yas 2 No invastigation 2 Accidant after death 6 Could not be datermined n 24 hours after der Ne Funeral Directo pletely filled in by th 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Steta) 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, dete and piaca, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of examinetion end/or invastigetion, in my opinion, deeth occurred at tha tima, date end pieca, and dua to tha cause(s) and mannar stated. 29a. Cartifler within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) -tagil 30. Nama and addrass of person who complated cause of data (item 23a) (Typę, Print) Riggs Dad. 31. Data filed (Month, Day 78 MAR 22 Registrar

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formula in the state of the

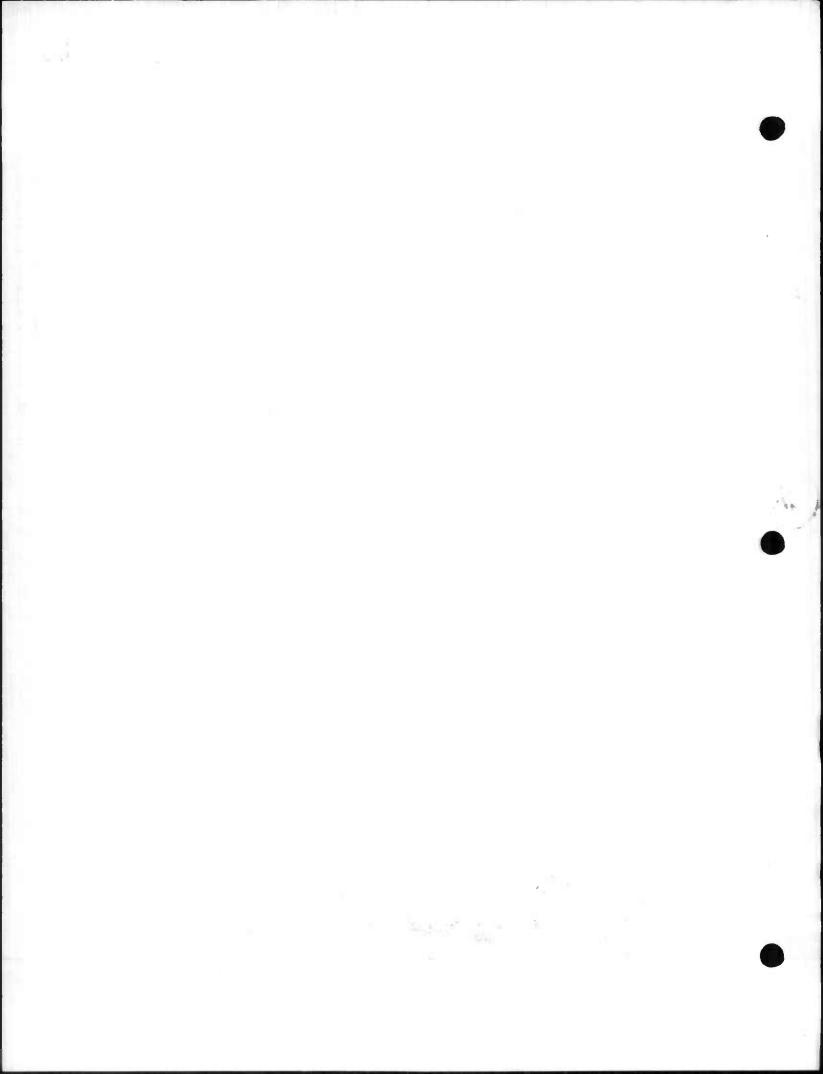
30 J. U. X. H. W. 197

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Biller III Franki

TO THE WOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 27 hours that can be retained by the hospital or attending physician.	completely	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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_	1 - STATE REGISTRAR	TATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HE		TAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		CGER W S UNDER 1 YEAR	M	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH MONTH PAR 199 96 0105								
	4. SOCIAL SECURITY NUMBER 404-42-3424 1	8. BIRTHPLACE (State or Foreign Country) Kentucky											
HOT	PARE ATTUNDED GEN HOSP AND A POLIS BE. COUNTY OF DEATH PRESIDENCE OF BECEDENY PRESIDENCE OF BECEDENY PRESIDENCE OF BECEDENY PRESIDENCE OF BECEDENY PRESIDENCE OF BECEDENY PRESIDENCE OF BECEDENY												
DIRECTOR	MD 10a. STATE ND. COUNTY Anne Arundel 10c. CITY, TOWN OR LOCATION Riva												
FUNERAL	100. STREET AND NUMBER 425 Granville Drive 100. ZIP CODE 21140 USA												
B≼	1 Never Married 2 X Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	If yes, spec	NDENT OF HISPANIC ORI city Cuben, Mexican, Puer NO Specify:	GIN? (Specify Yes or No- to Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. DECEDENT'S EQUICATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co 1 2	(Give kind	r's usual occupation of work done during most ruse retired.) Food	of working	Giant Food								
TO BE	190. INFORMANT'S NAME (Type/Print) Julius M. Berger	19b. MAILE 425	NG ADDRESS (Street and	d Number or Rural Route N	tumber, City or Town, State	, Zip Code) 1 4 0							
	SONVILLE, MD												
	21. SIGNATURE OF PUNETAL REDVICE SICENSE	andle	Hardes	sty Funeral	Home, P.A	A.							
	23. PART I. Enter the diseases, dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between the disease or condition resulting in death) a. Acute Cardiac Trosufficerery Due to (or as a consequence or):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in the u												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HO	SPITAL:	OTHER:	CE OF DEATH (Check only									
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY 28b. T	TIME OF 28c, INJUF	5 Residence 6 0 RY AT 28d. I K?	DESCRIBE HOW INJURY	OCCURED							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm building, etc. (Specify)		281. L	OCATION (Street and Nun ity or Town, State)	mber or Purel Route Number,							
COMPLET		To the best of my knowledge, death occurrence the basis of examination and/or investigate											
TO BE C	296, SIGNATURE AND TITLE OF CESTIFICA	Lomo De		29c. LICENSE NUMBER D 060		DATE SIGNED/Month, Day, Year) 3 /19 / 96							
	31, DATE FILED (Month, Day, Mar)	MPLETED CAUSE OF DEATH (ITEM 27) (7)	rpe, Print)	1095 1	Imer	EA 21035							
	MAR 22 1996	CO PROJECTION AND INTE	č										



State of Maryland / Department of Health and Mental Hygiene 96 08241

			Certificate of Death		Reg. No.		0021.					
			1. Decedent's Nama (First, Middle, Last)	2. Dete of D	eath		3. Tima of Death					
	Physic		Ralph H. Bailey	Month	Dey 1 16, 1	996	8:30AM					
3	/Medi Examlı		4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or		-)					
	LAGIIII	161	3301 McShane Way Dunda	alk	Ba	1 + i r	nore					
-	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Yeer If Under 24 Hr				nplece (Stete or Foreig					
	Director		3/301039/ 12M 20F 88 Yrs. Months Deys Hours Mir	6. Dete of B	Pey, Year) 8							
		9	Usuel Residence of Decedent	V.0	700	Md						
	n tha Marylan r 28a-f show Inotified at		10a. Steta 10b. County 10c. City, Town or Location				10d. inside City Limits					
	W T	to	Md Baltimore Dundalk				1 □ Yes 2 □ No					
	r 28	je	10e. Street end Number 10f. Zip Code		10g. Citizen of	Whet Co	untry?					
	23a or	O E	3301 McShane Way 21222		US	: A						
	within 72 hours after death with the Meryland she. she. she neturel, or frems 23s or 28s-f show he Medical Exercines must be notified at	Funeral Director	11. Meritei Stetus 12. Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Specify Yas or N	o- 14. Rad	e - Amei	rican Indien,					
0	after or he		Amed Forcas? If Yes, specify Cuben, Maxican, Pua	rto Hican, atc.)	Bie	ck, White	ı, etc.					
02	urs alt,	þ	3 No Specify: 1 Yes 2 No Specify:		Specif		ite					
21215-0020	"netural",	Completed	15. Decedent's Education 16e. Decedent's Usuel Occupation		16b. Kind of B							
21	Po P	pie	(Specify only highest grada completed) (Give kind of work done during most of we life. DO NOT use retired) (Give kind of work done during most of we life. DO NOT use retired)	orking								
	D 0 2	то.	6 Sheet Metal Worke	r	Bet	h.	Steel					
Pu	be filed that Hygie d other event, in	Be (17. Father's Neme (First, Middle, Last) 18. Mother's Ne	ema (First, Middle	e, Meiden Sumen	ne)						
/a	should be find Mental Financial or marked of umatic even	To	George T. Bailey Louis	a Stra	nđ							
Maryland	d 2 should th and Men 7 is marks treumstic		19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or F									
Σ	of Health of Health if from 27 is a other tre		Thomas M. Bailey 5110 Meridy Avenu	e, Bal	to, Md.	21	236					
ore	Man 1 and of Healt 1 them 2 other		20a. Method of Disposition 20b. Pleca of Disposition (Name of cametery, cremetory or other place)	Dete	20c. Location	City or	Town, Stete					
Baltimore,	permit. Pages Department of Important: If the any injury or o		Doublina 2 Cremation 3 Removal from State	3/19	Baltim	020	ма					
a E	Find and		21. Signature of Funerel Servica Licansee 22. Neme end Addrass of Facility									
m	28 5 8		Bradley-Ashton 1	Funeral	Home,	In	C.					
		Н	23a. Part1. Enter tha disease, or complications that caused the deeth. Do not anter tha mode of dying, such as cardia			. 141	Approximete					
	Physician	6. 9	shock, or heert feilure. List only one ceuse on each line.	- 1/2		i	Interval Between Onset and Deeth					
	/Medical		Immediate Cause (Finel disease or condition CARCINO MATOSIS			í						
	Examiner		disease or condition resulting in deeth) Due to (or es a consequence of):									
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	icata be axecuted physician and s the burial-transit	Examiner	b	- 11								
o,	antificata be axecut ding physician and sa as the burial-tran											
68760,	ysicii	edicai	triet initieted events			-						
	E 0 6	Je l	resulting In deeth) Lest			į						
XO	0 2 2	M/UK	d			1						
8		Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Dio	i tobacco usa co	ntribute	to the cause of death					
P.0	t tha by th tache	, j			Yes 2 No	3 □ Pr						
	signed by	by F	JAUNDICE. FROM METS									
Records,	requiras that tha been signed by th should be detache				s en eutopsy	24b. V	Vere eutopsy findings vellable prior to					
00	200	piet		pon	formed?		completion of cause of deeth?					
	The lav	Completed		10	Yas 2 No	١,	☐ Yes 2☐ No					
ta	ician: The cartificata rector, pag		25. Wes case referred to medical 26 Place of Dr	eth (Check only			D 165 2D 160					
of Vital	Physician: this cartific	o Be	examiner? Hospitel: Other:	2.4	one/	as (Can	24.1					
0		-	27. Megner of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury at	_	how injury occur		ary)					
Division	Attending Fir death.	Certification:	1 Neturel 5 □ Pending (Month, Dey Year) Injury Work? 2 □ Accident invastigetion M 1 □ Yes 2 □ No									
<u> S</u>	Attending dath.	fica	3 Suicide 6 Could not be 28e. Place of Injury - At home farm street factory office	28f. Location	(Street and Numi	per or Ru	ral Route Number.					
D	afta Dira	ert	4 ☐ Homicide building, etc. (Specify)	City or To	own, Stete)							
	apita nours neral	aic	29e. Certifler 1☐ Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place	a, end due to the	e ceuse(s) end m	enner es	steted.					
	To the Hospital or Attend within 24 hours after death To the Funeral Director:: completely filled in by tha	edical	(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurrence and menner steted.	urred et the time	, date end pleca,	end dua	to the cause(s)					
	To the	Me	29b. Signety and title of certifier 29c. License number		29d. Dete signe	d (Mont	n, Day, Year)					
			Shawful Cunta D17003		3.10	8.9	6					
	11/		30. Name and address of person who completed cause of death (Item 23a) (Tune, Print)				-					
			1576 HERRITT BLVD. STE. 18 BALTO.	mo	2123	12						
	Sta	te	31. Dete filed (Month, Day, Xear) 1996 32 Registres Signature Parish	10	0) 1010	0)						
	Registr		MAR Z Z 1996 Jun di Mudian Mandall									



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hould be		fled at
al should be	1	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical anather must be notified at
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INECTOR: After this certificate has been signed by the attending physician and completely filled in by the internal	or remove	medical
pletely fill	remation,	ent, the
and com	o burial, c	natic ev
physician	ne prior t	ner traur
attending	rtal Hygie	y, or oth
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is cert	rith the	ed, o
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IRE	SUUC	E

FOR 1 - STATE REGISTRAR	S	TATE OF MA				HEALTH AND I	MENTAL	HYGIEN REG. NO.				
1. DECEDENT'S NAME (First, Mic	ddle, Last)							OF DEATH		3. TIME OF E	EATH	
ROBE	RT	JOHN		50	151	CK,JR	MAR	CH 1	9, 1996		P.M.	
4. SOCIAL SECURITY NUMBER	5. 5	SEX 8.	AGE (in yra. lesi		NDER 1 YEAR		7. DATE C	E BIRTH	6. BI	RTHPLACE (State	or Foreign	
219-05-8315		M 2 F	81	YRS. MONT		HOURS MIN.		14/14		MARYLAND COUNTY OF DEATH		
MANOR CARE	RUXTON	ino number)	<u>.</u>	36.	on i, iow	TOWSON	EAIN .			IMORE		
RESIDENCE OF DECEL	DENT b. COUNTY	·		10c, CITY, TOX	VN OR LO	CATION	_			10d. INSIDE	CITY	
MARYLAND	N/A			Balt		e City				LIMITS?	□ NO	
100. STREET AND NUMBER 1408 WALKER	AVENU	Ξ				101. ZIP CODE 21239			10g. CITIZEN C	USA	177	
11. MARITAL STATUS 1 Never Married 2 X Ma 3 Widowed 4 Divorce	rried	WAS DECEDENT E FORCES? 1 🔀 IF YES, GIVE WAR	YES 2 N		If yes,	BECENDENT OF HISPAI apacity Cuban, Mexica ES 2 NO Specifi	in, Puerto R		E	lack, While, etc. pecify:	ly:	
			II							WHITE		
	ENT'S EDUCATION ghest grade comp		(Gi	CEDENT'S USUA we kind of work of	one during		16b.	KIND OF BU	SINESS/INDUSTR	Υ		
Elementary/Secondary (0-12)) Cc	llege (1-4 or 5+)		Do NOT use retir					amonn /:-	OMB		
11th GRADE			M	USIC TE	CACHE	_			STORE/H	OME		
17. FATHER'S NAME (First, Middle		-				18. MOTHER'S NA	ME (First, M	liddle, Maiden	Sumame)			
ROBERT JOHN		, SR.				AMELIA						
19a. INFORMANT'S NAME (Type	/Print)				coler con	et and Number or Rural						
ALICE BUSIC			_ 1	408 WAI	KER	AVENUE B	BALTIN	MORE,	MD 212	239		
20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation	3 - Removal	from State	20b. PLACE AND DATE DF DISPDSITION (Name DATE of cemetary, crematory or other place)									
4 Donation 6 Other (Sp	pecify)		METR	O CREMA	ATORY		3/20/9	96 CI	TONSVII	LE, MD		
21. SIGNATURE OF FUNERAL S	ERVICE LICENS	011		1		AND ADDRESS OF FA		OME S	2521 TO	H DAVEN	BI.VD	
Muste	in d	KAN	resuk				21286		JZI LO	TI ION DI	DUVD	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	DUE TO (OI		OUENCE OF):	7		PAI	VCA	REA	Onset	al Between	
	d											
PART II. Other significant	conditions co	entributing to de	eath but not i	ying cause given in	Part I.	24a. WAS AP PERFO 1 YES	RMEO?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO DF CAUSE			
25. WAS CASE REFERRED TO N	MEDICAL				24	. PLACE OF DEATH (C	hash ash as	-1				
EXAMINER?	H	OSPITAL:	R/Outpatient 3	DOA 4	HER:	fome 5 - Residence						
27, MANNER OF DEATH	28a. DATE DF IN (Month, Day,	JURY Year)	28b. TIME OF INJURY		INJURY AT WORK? YES 2 ND	26d. DES	CRIBE HOW	INJURY OCCURE	D			
3 Suicide 8 Co	restigation ould not be termined	28e. PLACE DF I building, atd	NJURY — Al ho L (Specify)	ome, farm, street			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
one)						data and place, and du				use(s) and menne	as stated.	
29b. SIGNATURE AND TITLE OF	FCERTIFIER	Whole	1 m	,		29c, LICENSE NU	840	j	D 3	NED (Month, Day,	91	
30. NAME AND ADDRESS OF P	LER	OMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, Prin	1-2	1204	. /	AH:	SHIL	ADI.	MI	

(AL)

John Same Commen

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

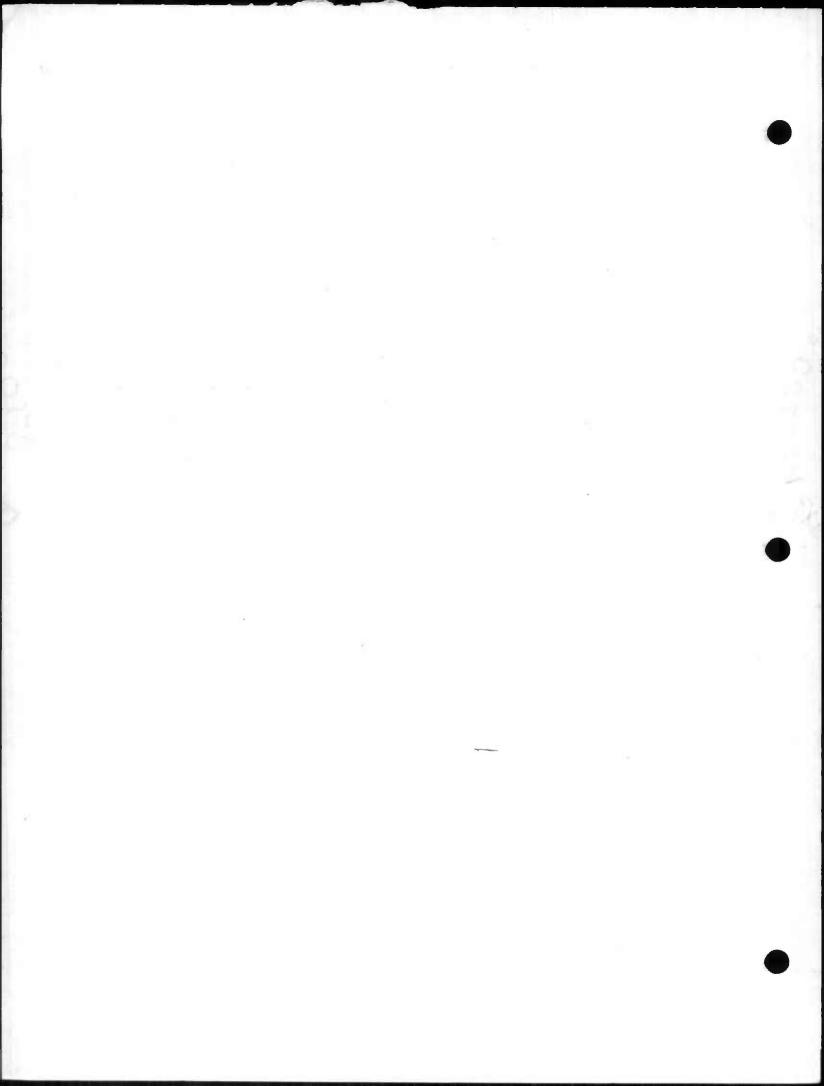
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fact mount of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computer, and in by the time director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certain, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CAIL	JF L	JEAIH		REG. NO.	_			
1. DECEDENT'S NAME (First) Lillian	Middle, Last) [rene	Benden				100		2. DATE OF DEATH MONTH March 20,1996			3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birtho						IF UNDER 24 HRS.	7. DATE O		1550	_	HPLACE (State or Foreign	
286-30-0529		t 🗆 M 2 🔀 F	61							34 Maryland			
9e. FACILITY NAME (If not in		9b. CITY, TO	WN OR	LOCATION OF	DEATH		9c. COU	NTY OF D					
30 B Oak		Drive				Mi	ddle R	iver			Baltimore		
10e. STATE	10b, COUNTY			10c. CITY,	TOWN OR L							10d. INSIDE CITY LIMITS?	
Md.	В	altimore				Mi	ddle R	iver				t TYES 2 NO	
100. STREET AND NUMBER 30 B Oal	Grov	e Drive				10f. Z	CIP CODE	1220			USA	WHAT COUNTRY?	
11, MARITAL STATUS	2 0201	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. WAS	DECEN	IDENT OF HISP		(Specify Yes		t4. RAC	E — American Indian,	
1 Never Merried 2 3 Widowed 4 Divo		FORCES?		NO			Ify Cuben, Mexi X NO Spec		Icen, etc.)			k, while, elc.	
15. DEC	EDENT'S EDU highest grade	CATION		ECEDENT'S U				16b.	KIND OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5	- th	e. Do NOT use	retired.)	ng most	or working						
10th				Hous	ewife				C	wn H	ome		
17. FATHER'S NAME (First, M							18. MOTHER'S I				-		
Joseph E		th Metz						ther I				n	
190. INFORMANT'S NAME (1				Number or Run					200	
Michael Ber				30 B	Uak G	rov	e Driv	е ватт					
20e. METHOD OF DISPOSIT 1 St Buriel 2 Crematic 4 Donetion 5 Other	n 3 🗆 Rem	oval from State	cemetery, c	AND DATE OF oth	er place)			DATE		CATION —			
21. SIGNATURE OF FUNERA		CENSEE	Holl	y Hill	Ceme	HE AND	ADDRESS OF	/22/96	Ba Ba	1tim	ore	Md.	
0-		(1)	01				ly Fun		Tome o	of Es	Sex		
23. PART i. Enter the d	111	100	nelle	1	300	Ma	CO ATTO	Ra1+	imore	DM a	212	21	
iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme	iona,	a. Hy County on a ca	OF AS A CONS	EOUENCE OF)	B	re	aet "	Ca	. ,			Interval Between Onset and Daath	
cause. Entar UNDERLY CAUSE (Disease or inju- that initiated eventa resulting in death) LAS	iry	DUE TO	OR AS A CONS	EOUENCE OF)			L+	305(CM				
PART ii. Other algnifice	ent condition	na contributing to	death but not	resulting in	the unde	riying	cause givan	in Part i.	24s. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
									1 YES 2			COMPLETION OF CAUSE OF DEATH?	
										4 4		1 TYES 2 NO	
DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF DE	ATH YES	S NO		UNCERTA	IN K					
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOCOLT	26. PL	ACE OF DEATI		r one)							
1 TES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Home :	5 KReeldeno	e 8 🗆 Other	(Specify)				
M /	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIME INJU	PIPY	c. INJUI WOR		28d. DES	CRIBE HOW	NJURY OC	CURED		
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — AJ I , atc. (Specify)	nome, ferm, at	reel, fectory,	office		281. LOCA City o	ATION (Street or Town, State,	end Numbe	or Rural	Route Number,	
000)		ICIAN: To the best of											
2 MEU			exemination end/o	r investigation	ı, in my opin	ion, des	eth occured at t	he time, dete	end place, er	nd due to t	the couse	(e) end matther ee stated.	
296. SIGNATURE AND TITLE	OF CERTIFIE	in .				- 1	AF 23		2	29d. DA	3	20 96	
30. NAME AND ADDRESS O	. 0 . 0	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Type,			Klin		A-ce	(40	SP.	tol.	
3t. DATE FILED (Month, Day,			AR'S SIGNATURE		,	- ''		00			-		
MAR ~ 2 199	5 g	chia Davidson	-Andres										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

ΟI	Maryland /	Department of Health and Ment	C
		Certificate of Death	

96 08244

			1. Decedent's Nem	e (First, Middle, La	ist)							te of Deeth			3. Time	of Deeth
	Physici		George	Ed	ward		ВО	RNMAN		Sr.		onth ch 21	Day 1996	Year	9:0	0 am
\$	/Medio Examir		4e. Fecility Neme (m <i>ber</i>)				4b. City, Town			4c. Count			0
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-			5. Sociel Security N	lin Squ	are no	7. Age (in yrs.	lest hirthdev	if Under	1 Yeer	If Under 24	Hrs. R Da	te of Birth	Balti			
	Funeral Director		213-14-5	455	1⊠M 2□F	73	Yrs.	Months	Deys			te of Birth onth, Day, 4,19			place (Stete htry) yland	
	pu *		10a, Stete	10b. County		10c City	/. Town or L	ncation							Od. Inside	City I imite
	sho sho	5	Md.	Baltin	nore	100.00.	, , , , , , , , , , , , , , , , , , , ,		Mid	dle Ri	vor			- 1		es 2 M No
	wrs after death with the Manylan al', or items 23a or 28a-1 show Examiner must be notified at	Director			IIOI C				1110	OIG VI	ACT					12 5 7 140
	15 to 15	je	10e. Street end Nu	mber				10f. Zip	Code			10	g. Citizen of	Whet Cour	ntry?	
	23a		514 Mi	ddle Rive	er Road					21220			1	JSA		
	dea The	Funeral	11. Maritel Stetus		12. Was Dec	edent Ever In U.	S. 13.	Wes Decede	ent of h	lispanic Origin en, Mexican, F	? (Specify Ye	es or No-			can Indian,	
0	after Ar its		1 Never Marr	ied 2 Married	1 Tes	2 No					ueno mican,	etc.)		ck, White,	etc.	
02	urs urs	by	3 ব্রু Widowed	4 Divorced	If Yes, Gi Yeer or D	ve letes:		1□ Yes 2	U No	Specify:			Specia	y: W	hite	
21215-0020		eted	(Spec	15. Decedent's E	ducetion ade completed)		(Give	dent's Usuel	done	during most or	f working	1	6b. Kind of E	usiness/In	dustry	
212	s 1 and 2 should be filed within 72 hr Health and Mental hygiene. Item 27 is marked other than "natur other traumatic event, the Modical	Completed	Elementery/Second	ondery (0-12)	College (1-4or 5+)		<i>bo Not</i> usi nter	a retira	<i>a)</i>			Pr	intin	g	
p	ould be filed v Mental Hygie arked other t	Bec	17. Fether's Neme	(First, Middle, Last)					18. Mother's	Neme (First,	Middle, M	aiden Sumer	ne)		
Maryland	enta ked ic ev	ToB	Charles Lewis Bornman Margaret Wallenberg									ra				
2	2 should and Men is marke	-		eme/Reletionship (19b. Meili	na Address	(Street	and Number					Code)	
2	d2 stranger															
a)	s 1 and 2 of Health item 27 i		20a. Method of Dis	Bornman	51.	20h. P		osition (Nem		River	ROAD		Oc. Location			
õ			1 Burlei 2	Cremetion 3		Stete	emetery, cre	metory or oti	her ple		1		oc. Look(ioi)	Ony or re	JWII, Ototo	
	Tan Pa		4 Donetion	5 ☐ Other (Specif	(y)	Me	etro C	remato	ry	Inc. 3	/25/96		Baltin	nore	Md.	
Baltimore	pemili Page Department of Important: If any injury or once.		21. Signeture of Fu	ineral Service Lice	nsee	11				ss of Fecility						
A	20529		PR	TONAL	10	11/	2	Connel	.1y	Funera	1 HOme	of E	SSEX			
			23a. Pert1. Enter to shock, or hee	he diseese, or com	plications that	eused the deet	. Do not en	300 Ma	GC dyl	Ave P	altimo	retory arre	ryland	3 2.1.2	2.1 Approxim	ete
	Physician	0.3	shock, or hee	rt feilure. List only	ene cause on	each line.								į	Onset an	d Death
	/Medical		Immediate Cause	(Finei	0	enal.	- 010	26	6 -1	-1-	00	+			10	A
	Examiner		disease or condition resulting in deeth)		a	cev	2000	- Jun		1450	i all	M			10	xoy
		16	e spreed asset.		1.	Due to (or rides	r es a conse	quence of):	0	77	0				,	
	sit ed	i			b	raes	pres	el	4	Mero	sde	2001	つ	l	10	400
	ath certificate be executed ittending physician and or use as the burial-transit	Examiner	Sequentielly list co	nditions,	Due to (or es a consequence of):								1	(
68760,	e ex		Sequentially list co if any, leading to in cause. Enter Unde Ceuse (Disease or that initiated events	orlying										1		
376	nysic he b	Ca	thet initiated events resulting in deeth)	ast	C	Due to (or	es e conse	quence of):						1	-	
99	ng pl	Nec	resulting in descript											1		
Вох	h ce endii	ian/Medicai			d									-		
		100	Pert II. Other signif	icant conditions	ontributing to d	eath but not resu	ulting In the u	indivivina ca	use oh	ren in Bart I.	2	3b. Did tob	acco use co	ontribute to	o the caus	e of death
0	res that the de igned by the a be detached (Physic	1 -	1 - 11	. سے میں	. 0		Jul.	200	- train		12 Ye			bably 4	
U.	that that det		Acut	e v	7000	veau	ar	0-1		-1-00		A	2010	•	bubly 4	
Records,	v requires that the de been signed by the a should be detached (ed by	Dial	rete)	telli	fun		U			24	le. Wes an	autopsy ed?	24b, W	ere sutops eilable pric	y findings or to
S	20 00	ple	0			1		0		1		pomonii		co	mpletion o	
E Re	The ate h	Completed	Chro	ric o	6-1m	ctive	pu	lenor	na	7 de	eene	1□ Yes	M No	1 [□Yes 2	□ No
Vital	Physician: The this certificate ral director, pag	Be	25. Wes cese refer exeminer?	red to medicel			1.77		_	26. Piece of	Deeth (Che	ck only one)			
1	nysic nis ce I dire	ပို	1 ☐ Yes 2	No	Hospitel:	Inpatient 2 🗆	ER/Outpetie	nt 3 DO	A Oth	er: 4□ Nursi	ng Home 5	☐ Resider	nce 6 Ot	her (Specif	fy)	
n of			27. Menner of Deet	h 5 🗆 Pending	28a. Dete (Mon	of Injury th, Dey Year)	28b. Time o	1 28	c. Inju	y et	28d. D	escribe hov	v injury occu	rred		
.0	Attending r death. actor: After by the fune	atic	2 Accident	Investigetlo	n		,,	М		Yes ZINO						
Division	i or Attendi after death Director: A d in by the f	tific	3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined	e 28e. Plece	of Injury - At ho	me, ferm, st	reet, fectory,	office		281. Lo	cation (Stre	eet end Num	ber or Run	al Route N	umber,
	tal or A	Certification:	101110100		Dolla	rig, etc. (<i>apecilly</i>	,					,	_1010/			
	X 2 7 4	- 1														

To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the

McCertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Image: Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and menner as stated.

Image: Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of copilling

29e. Certifier (Check only one)

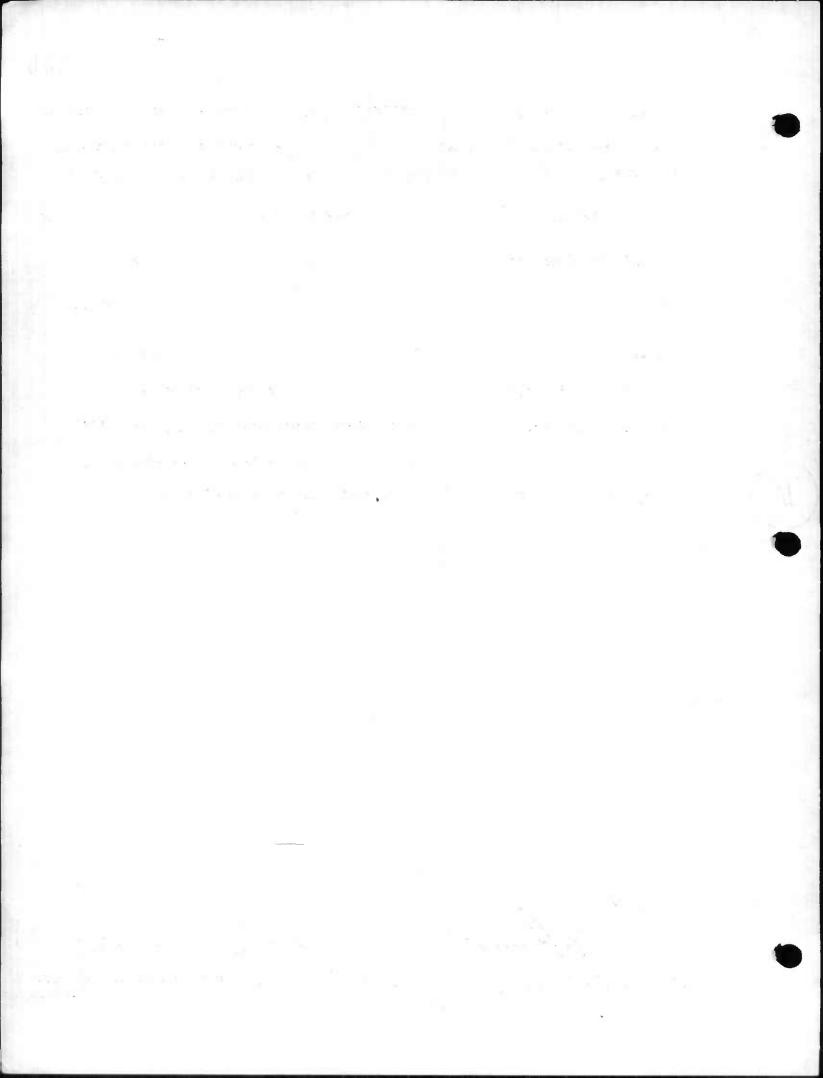
29c, License number 29d. Date signed (Month, Day, Year) 18326

30. Name and address of person the completed cause of death (Item 23a) (Type, Print)
NAEEM GAUHAL, Essex Medical Courter, 404 Eastern

State Registrar

Medical

MAR 2 2 1996



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. The same by the hospital or attending phys TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral exercises. The consistence has the state Dept. Or Health and Mental Hypine prior to build, certaition, or removal. The hours after death with the State Dept. Or Health and Mental Hypine prior to build, certaition, or removal. The medical examiner is used to receive the property of the property or the property of the prope	in retained by the hospital or attending phy-	be detached for use as the buri		I nottling at once.
TO THE HOSPITAL OR ATTENDING PHYSIGIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner.	6 may)	•	quet b
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner with

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF DEATH
- 1	VIRGINIA		MULLAN CO				NG			MONTH	Mar 2		YEAR	6:00 am »
	4. SOCIAL SECURITY NUMBER 217-14-2838	ER	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D Plarch	BIRTH ey, Year)	L909	Count	HPLACE (State or Foreign by) TYLand
	9e. FACILITY NAME (If not ins		9b. CITY	r, TOWN	R LOCATI	ON OF DE		9c. COUNTY OF DEATH			-			
OR	Saint Jose	eph Me	dical Cente	r			To	nosw	, Mar	yland			Balti	more
DIRECTOR	Maryland	10b. COUNT	N/A		Baltimore							10d. INSIDE CITY JELIMITS? 1 EN YES 2 NO		
AL	10e. STREET AND NUMBER							ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
띨	6225 York R	d.						212	212			Unit	ted S	States
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor		FORCES?	IT EVER IN U.S. AR YES 2 1	MED IO	1 2	If yes, sp	ecify Cubi		HC ORIGIN? (n, Puerto Rice :		or No—	E — Americen Indien, ck, white, etc. White	
8		EDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON and of woods!	na	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	life	Do NOT u	se retired.)	during mo	SE OF WORK	ng					3.0
M P	Twelve			He	omema	aker					Own 1			273
8	17. FATHER'S NAME (First, Mi	ddle, Last)	16.11						ME (First, Mid	dle, Meiden	Surneme)		1.5	
8	Richard 190. INFORMANT'S NAME (7)	me/Print)	Mullan	19	h MAILING	ADDRES	C /Street			ıllan Route Number,	City or Town	o Chair 7	in Carla)	
۴	John A. Con	kling		10) Byi	ford	Ct.	Che		ctown,	MD	2162	20	
/	20a. METHOD OF DISPOSITI 1 Burlel 2 Cremetio 4 Donation 5 Other	n 3 Rem (Specify)		206.PLACE		ther place)	e Pr	es Ch		1.3/23	Swe	eet 1	Air	own, State
	21. SIGNATURE OF FUNERAL	Mitch	tehell IV		22. NAME AND ADDRESS OF FACILITY Mitchell 6500 You Baltimor							ll-Wi ork I	iede: Rd. MD	feld Home,Ind 21212
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST Onset and Death Onset and Death Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL CE	DIABETES		ne contributing to		deeth but not resulting in the underlying cause given in					Part I. 24a. WAS AN AUTOPSY PERFORMED?			24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
SICIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		CE OF DEA	OTHE								
PHYS	1 YES 2 DO		1 Department 2	ER/Outpatient 3	26b, TIR	_	4	DURY AT	lesidence	6 Other (S		N IIIBY O	CHBED	
ВУ Р	1 Nufural 5	Pending Investigation	(Month,	Day, Yeer)	IN	JURY M	1 🗀	YES 2	□ NO					
ETED		Could not be determined		OF INJURY — At ho , etc. (Specify)	ome, 1erm,	atreet, 1ec	ctory, offic	:0			ION (Street Town, State)		er or Rurei	Route Number,
COMPLE	(Oribon Only		ER: On the beet of											(s) end manner se stated,
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	R	3200	9	10	5	29c. LIC	ENSE NUI			29d. DA	TE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WI	HO COMPLETED CA	JSE OF DEATH (ITE	M 27) (7)	e, Print)	1	D	372	54			>	
	BOON P. LI			SEPH ME			NTE	R 76	20 YO	RK RD	TOM	/SON	MD	21204
	31. DATE FILED (Month, Day.	Year)	32. REGISTE	AR'S SIGNATURE		_ 00	. 4 / 6	1, 10	20 10	THE CHES	., 100		TAILS.	
	MAR 22 199	6	golia Davi	dson-Randa	102									



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BAPTIMORE, MARYLAND 21215-0020	w requires that the death certificate be executed within 24 hours and the common to be retained by the hospital or attending physical	been signed by the attending physician and completely filled in by an inner disease. S should be detached for use as the burial very at soft Hastin and Maryal Hunjana prior to burial remaining for some
IN THE	Seint, Sape Bros	Non-Giracta
Ш	hin 24 hours are	tely filled in by
RECORDS, P.O. BOX 6876	eath certificate be executed wit	been signed by the attending physician and completely filled in by the high and Mortal Hudiana mice to build premation or rem
RECORDS	v requires that the d	been signed by the

OR ATTENDING PHYSICIAN: The law

HOSPITAL

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attending physician.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH 19 1996 Chalk March Regina 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) May 1, 1914 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗌 M 2 🙀 Baltimore, Maryland 213-05-0884 81 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH DIRECTOR 6302 Fair Oaks Avenue N/A Baltimore City 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE 10d. INSIDE CITY Baltimore Maryland 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6302 Fair Oaks Avenue 21214 United States 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY College (1-4 or 5+) 12 Delicatessen 0wner 17. FATHER'S NAME (First, Middle, Last) William Hiebler 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Helena Winter 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, Maryland 2 David Blum Atty 10 Light Street Suite 3103 20a, METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Redeemer Cemetery 3/23/96 Baltimore, Maryland Donation 5 Other (Specify) 21. SIGNATURE O 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 21214 UMEG Leonard J. Ruck, Inc. 5305 HArford Rd. 23. PART I. Enter the diseases, of complications that caused the death. Do not enter shock, or heart fellure. Liet only one cause on each line. mode of dying, such as cardisc or respiratory arrest, Approximate Onset and Death IMMEDIATE CAUSE (Final disease or condition ____ MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 12 UNCERTAIN 1 PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem EXAMINER? HOSPITAL OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY OVRECTOR: After the hours after death vitem 28 is mark 2 Accident 3 Suicida 26e. PLACE OF INJURY - At home, farm, atract, factory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be 4 Homicide Hell 29a. CERTIFIER
(Check only)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL THE HOSPITAL (
THE FUNERAL (
filed within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of

ition and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

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DHMH-16 Rev 1/89

20-96:

29d. DATE SIGNED (Month, Day, Year)

MAR 2.2

29b. SIGNATURE-AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carlos Aranaga M.D. 3007 F. Northern Parkway

365) · 10 677

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REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 17 3. TIME OF DEATH LOUISA March 20, 1996 8:54PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) May 26, 1904 5. SEX 6. AGE (In yrs. last birthday) BIRTHPLACE (State or Foreign IF UNDER 24 HRS IF UNDER 1 YEAR 218-62-4596 1 M 2 XF DAYS HOURS 91 VDS Italu Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Johns Hopkins Bayview Medical Ctr. Baltimore City N/A RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2XX NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7921 Wise Avenue use as the burial-transit 21222 United States Page 6 may be retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxlean, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 8 Years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) F Angelo Salanone Alberta Russo BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Miss Maria Corona Wise Ave. Baltimore. Maryland pe 20g. METHOD OF DISPOSITION
1 ¹ Burlal 2 □ Cremation 3 □ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Must Most Holy Redemer Cem. 3/21/96 4 Donation 6 Other (Specify) Baltimore, examiner 21. SIGNATURE OF FUNERAL SHOULE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc death. 7922 Wise Ave. Dundalk. Maryland filled in by the fu 21222 medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heert fellure. List only one cause on each line. ö Onset and Death IMMEDIATE CAUSE (Finel and completely fille burial, cremation, the disease or condition ation neumoura ech resulting in death) traumatic event, executed CERTIFICATION Sequentisliy list conditions, Hygiene prior to if sny, leading to immediate the attending physician I Mental Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in desth) LAST 0 injury, PART il. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY been signed by th pt, of Health and M MEDICAL 24h WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 YES 2 NO requires shows 1 YES 2 NO PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem DIRECTOR; After this certificate hours after death with the State HOSPITAL OTHER: 1 TYES 2 TINO Inpatient 2 NER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER/OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY Accident ATTENDING 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) Sulcide 89 6 Could not be 4 Homicide determined 28 Ш tem 80 COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On reatigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and mennar as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. BE Kienn 16 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
PANN PA 5505 HOPKUS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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State of Maryland / Department of Health and Mental Hygiene

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							Cei	rtificate	of	Death			Reg. No.		00270	
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М	Physician /Medical Examiner	iner	Immediata Causa (Final disease or condition resulting in death) Dua to (or as a consequence of):									1	Onset ar	nd Death	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with the part of the first the retained by the attending physician and comple.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple.

Be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremiton, or the flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremiton, or the flied state of the flied at once.

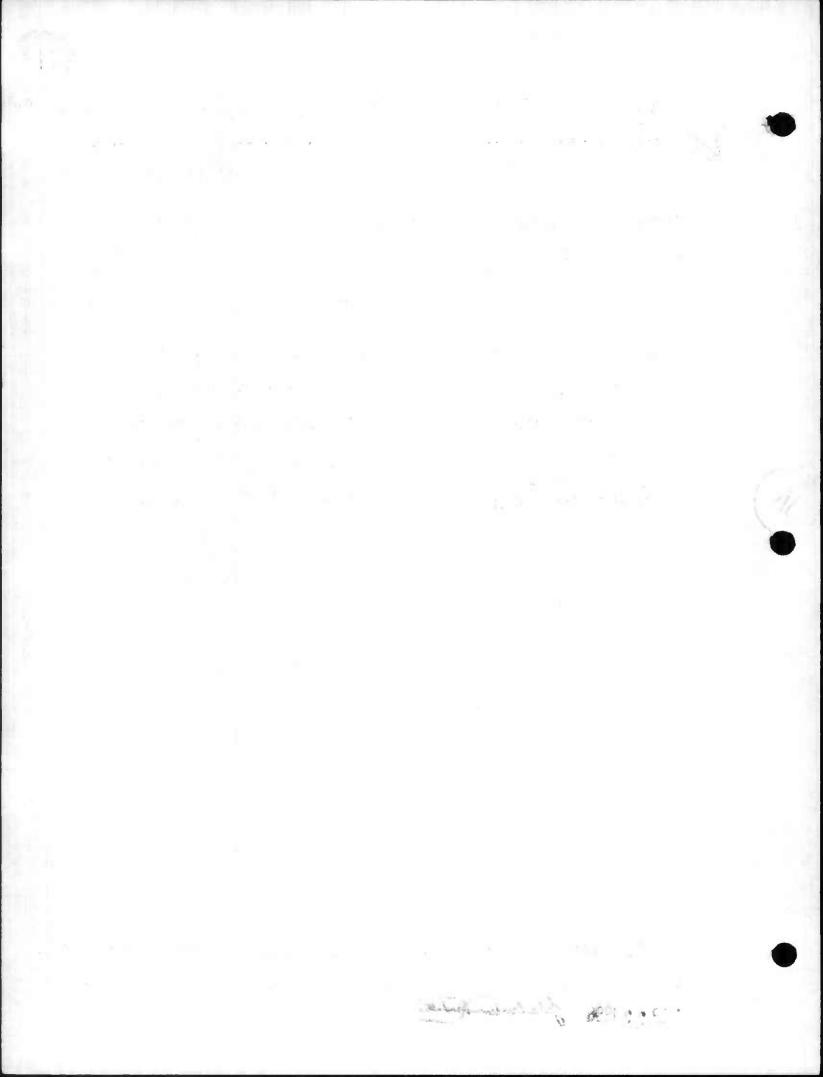
STATE (OF MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	O	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) GLORIA	DuBOIS				2. DATE OF MONTH	H 19	1996	3. TIME OF DEATH 5:20 A M		
	4. SOCIAL SECURITY NUMBER 216-14-1734	1 □ M 2 XD F 72	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	AUG	Day, Year)	23 M	RTHPLACE (State or Foreign unitry) ARYLAND		
HOL	9a. FACILITY NAME (If not institution, give CROWNSVILLE HOSP) RESIDENCE OF DECEDENT	Control of the Contro		ROWNSV	ILLE	ATH		9c. COUNTY OF DEATH ANNE ARUNDEL			
DIRECTOR		ARUNDEL BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	360 CARVEL BEACH	ROAD	101. ZIP CODE 21226						USA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 X NO	If yee, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specifi	n, Puerto R		6	ACE — American Indian, leck, White, atc. pecify: WHITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in SUPERVIS	k done during mo stired.)	et of working	16b.		PORTAT			
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLARD HARRY BO	IES			10. MOTHER'S NA BARB	ARA Y	iddle, Malden S EWELL	Surnama)			
0	19a. INFORMANT'S NAME (Type/Print) BARBARA FOX — DAI 20a, METHOD OF DISPOSITION 1 (A Burlel 2 Cremetton 3 Re		633 POV	PASADE		21122					
	1 C Sturiel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ICENSE BALTIMORE, MD 22. NAME AND ADDRESS OF FACILITY STALLINGS FUNERAL HOME, P.A. 3111 MOUNTAIN ROAD, PASADENA, MD 21122										
CERTIFICATION	ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
AL	PART II. Other eignificant condition	ona contributing to death b	out not resulting in	the underlylr	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Appetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (₹Y M 1 □	- 22			JURY OCCURE	D unal Route Number,		
COMPLETED	3 Suicide 6 Could not b determined		a and place, and du	CRO	or Yours, State) wNSVILL	= Hospi	C !1				
	onel -	NER: On the basis of examination				time, date		d due to the car	NED (Month, Day, Year)		
TO BE	30. NAME AND ADDRESS OF PERSON I	- 11 - 2 0 .			1845	513	250	> 3/1	9/96		
	31. DATE FILED (Month, Day, Year)	132. REGISTRAR'S SIGN	WY SULLE	HOSE	THE G	CNIE	ic, ch	MYM	LLE, MD		
_	The state of								DHMH-16 Rev 1/89		

salvan - salvan - ACC 1, Fil

Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

				State of Marylar		artment of tertificate of		wentai Hy	Reg. No.	6 (18251	
	01		1. Decedent's Neme (First, Middle, Last)					2. Dete of De	eth	Voes	3. Time of Deeth	
4	Physici /Medi			RGARET	D	AVIS		MANZCH	Dey 1	996	6:25 PM	
غار	Exami		4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or I									
			GENESIS ELDERCARE		for a fe finder also .	If Under 1 Year	SEVERNA If Under 24 Hrs.			ANNE ARUNDEL		
	Funeral Director		5. Social Security Number 6. Sex 108-24-5049 Usuel Residence of Decedent	7. Age (In yrs.	Yrs.	Months Deys	Hours Min.		B. Dete of Birth (Month, Dey, Year) NOV 19 1906 Birthplece (State or Fore Country) ILLINOIS			
	ylend		10e. Stete 10b. County	10c. Cf	ty, Town or L	ocation				1	0d. Inside City Limits	
	with the Marylen a or 28a-f show be notified at	ctor	MARYLAND ANNE AR	UNDEL	PASA	ADENA					1 ☐ Yes 2 💢 No	
	19 PO 20 PO	Dire	10e. Street and Number			10f. Zip Code			10g. Citizen of V			
	s 23a	- a	172 SEAGULL DRIVE				1122			USA		
Maryland 21215-0020	hours after deeth with the Maryland uret', or items 23s or 28s-f show it Examiner must be notified at	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forceş? 1 ☐ Yes 2 ☐ No If Yes, Giva Yeer or Detes:	I,S. 13.	Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☐ No	Hispenic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	Specify	e - Americ sk, White, " WHI	etc.	
5-0	72 hours "natural",	To Be Completed	15. Decedent's Educ (Specify only highest grade	cation completed)	16a. Dece	dent's Usual Occup	pation during most of wor	kina	16b. Kind of Bu	usiness/Inc	Justry	
121		mpi	Elementery/Secondary (0-12)	Collega (1-4or 5+)	1000		during most of wor d)	All 19				
2	Hygie ther the	S	12 17. Fether's Neme (First, Middle, Last)	3		SOCIAL WO		na /Eirat Michella	HOSF , Meiden Sumem	PITAL		
an	2 should be filed and Mental Hygi Is marked other eumatic event, I	Be C	CHARLES OTIS WILLI	ΔΜς						10)		
ary	shoul mari	F	CHARLES OTIS WILLIAMS SARAH DORA 19a. Informant's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Routs							Stata, Zip	Code)	
	1 and 2 a Haalth ar em 27 is other treu		WILLIAM DAVIS -	SON	770	221ST ST	REET, PAS	SADENA,	MD 21122	2		
ore	ges 1 and 2 should be filed within to f Haalth and Mental Hygiene. If item 27 is marked other than or other treumstic event, the Mental files.		20a. Mathod of Disposition 1 □ Burial 2 ☼ Cremetion 3 □ R		Plece of Disposemetery, cre	osition (Neme of matory or other ple	ce)	Dete	20c. Location -	City or To	wn, State	
mg.	Pages ment of ant: If its ury or o		4 Donetion 5 Other (Specify)	ME:	TRO CR	EMATORY,	INC.	3/25/96	BALTI	MORE,	MD	
YBaltimore,	Department of Haalth a Important: if item 27 is eny injury or other tre		21. Signeture of Funeral Service Lidense	INGS. JR.		2. Neme and AddreSTALLINGS		HOME, P	P.A.	2112	2	
	Sec.		23a. Pert1. Enter the diseese, or compli- shock, or heert feilure. List only on	at one that caused the deet	th. Do not en	ter the mode of dyl	ng, such es cardied	or respiretory	errest,		Approximete Intervel Between	
	Physician										Onset and Deeth	
	/Medical Examiner		Immediate Ceuse (Finel disease or condition rasulting in deeth)	DE	MEN	MIA					SYRS	
		<u>ا</u>		Due to (d	or as a conse	quance of):						
	oted d ansit	Examiner	Seminantially list and distance	. Due to /c	or es e conse	munne of):				<u> </u>		
oʻ	ficate be axecuted physician and as the buriel-transit	Exa	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Causa (Disease or injury	D0 60 (C	n es e conse	quance or).				1		
68760,	ate be hysici the bu	edical	Causa (Disease or injury that Initiated events resulting in death) Last	Due to (o	or es a consec	quence of):						
	5 0 6	Mec	d									
Box	that the death certified by the stiending detached for use a	Physician/M										
P.O.	0 0 D	ysic	Pert II. Other significant conditions con								the cause of death?	
		by Pt	ARTERIOSCLE	Protie C	ARDIO			10	Yes 2 No	3 Prot	pebly 4 □ Unknown	
Records,	-= 07 70					D	IJBAJB.	24e. Wes	an eutopsy	24b. We	ere autopsy findings	
ပ္ထ	_ 40	piet						реп	ormed?	cor	aileble prior to mpletion of cause death?	
	0 - 0	Completed						10	Yes 2 No	10	Yas 2□No	
/ita	iclan: The certificate rector, pag	BeC	25. Wes casa raferred to medical examiner?				26. Placa of Dea	ith (Check only	one)			
of Vital	Physician: this certific ral director,	၉	1□ Yes 2□ No H	ospitei: 1 Inpatient 2 I		nt 3LI DOA		ome 5 Res	idence 6 Oth	er (Specify	1)	
N N	ding P. h. Aftert funera	Certification:	27. Menner of Deeth 1 ☐ Neturei 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	Wo		28d. Describe	how injury occur	red		
Division	or Attending after deeth. Director: After I in by the fune	Icat	2 Accident Investigation 3 Suicide 6 Could not be	26a. Piece of fnjury - At he	ome fem et		Yes 2□No	29f Location	Street end Numb	or or Bure	I Bouto Number	
Ď.	after after Direction d in b	enti	4 Homicide datermined	building, etc. (Specif	y)	leet, rectory, onice		City or To	wn, State)	or or riora	Proble Number,	
	To the Hospital or Attending Physician: Within 24 hours after deeth. To the Funeral Director: After this certific completaly filled in by the funeral director.		29e. Certifier 1 Certifying Phys	clan: To the best of my kno	wiedge, daat	h occurred et the ti	me, dete and place	, and due to the	cause(s) and ma	nner as st	ated.	
	he Ho in 24 he Fu pleta	edical	(Check only 2 Medical Examin	er: On the basis of axamine end manner steted.	tion end/or In	vestigetion, In my o	opinion, deeth occu	rred at tha tima,	deta and plece,	and due to	the cause(s)	
	To t	Σ	29b. Signature and title of cartifier			29c. Licens			29d. Dete signe			
			Anlugh	e ATTE	とうころ	16 D	21776	,	MARCH	20,	1996	
	6		30. Name and address of person who cor			Print)	0	0.0	1,00	771-	1996 NIME 21225	
		4	31. Dete filed (Month, Day, Year)	DRA MD	20	5 6.1	MATAR-	160 1	TV, 'L']	Crim	TUNCE	
	Sta Registr		111R 2 2 1996 July	a Davidson-Man								
			414144 10 10									



Item4b 3-25-96 FilmG733 W.H.Per A. Board

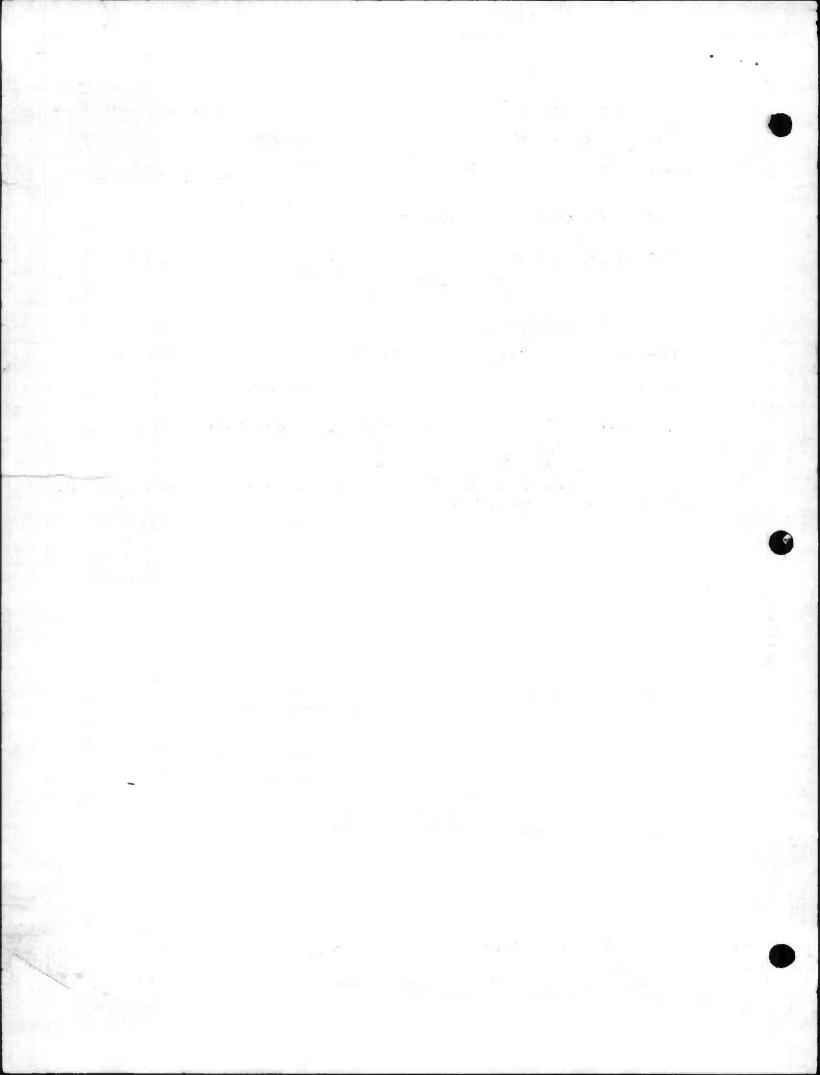
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Man	yland / De	partment of	f Health	and Menta	l Hygiene	1

Certificate of Death Reg. No 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** George Drylie March 1996 11:10am 16, /Medical 4b. City, Town, or Location of Death
Baltimore 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner Johns Hopkins Bayview 5. Social Security Number 7. Aga (In yrs. last birthday) if Undar 1 Yaar if Undar 24 Hrs. Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1 3 M 2 □ F Months Days Hours 67 220-22-2298 Yrs. Director Aug. 30, 1928 unknown Usual Rasidanca of Dacedeni the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Maxical Examinar must be notified at Maryland Baltimore 1 Yas & No Dundalk Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5009 Frankford Avenue 21222 unknown Funeral 12. Was Decedent Evar in U.S. Armed Forcas (LINIC NOWN 1 ☐ Yas. 2 ☐ No if Yas, Giva Yaar or Datas: 14. Raca - Amarican Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) filed within 72 hours after 1 ☑ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White à 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Spacify only highast grada complated) 16h Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than eny injury or other treumatic event. The Mental Informatic event. Elamantary/Secondary (0-12) Coilege (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be unknown unknown 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) (son) 600 Milldam Court-Apt. 41-Millersville, MD. 21108
aca of Disposition (Nama of Data 20c. Location - City or Town, Stata Mark Drylie 20a. Mathod of Disposition 20b. Piaca of Disposition (Nama of camatary, cramatory or other placa) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 Donation 5 Dother (Specifich State rem 21. Signature of Funarai Sarvice Licensee 22. Nama and Addrass of Facility Van Sant leseph State Anatomy Board-655 W. Baltimore Street 23a. Part1. Entar tha disaasa, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart failura. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical immediata Causa (Finat 6 days Sepsis disaasa or condition rasulting In daath) Examiner Due to (or es a consequanca of): Examiner 4 months Cerebrovasaula Disease physician and s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in daath) Last Due to (or as a consequance of): Box 68760 Physician/Medicai Dua to (or as a consequanca of): attending USB 0 P.O. Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 3 1 | Yes 2 | No 3 | Probably 4 | → Unknown bengis be eq p Records, þ 24b. Were autopsy findings available prior to completion of cause of death? cate hes been si Completed 24a. Was an autopsy performed? certificate 1 Yas 2 No 1 Yas 2 No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) °E 1 ☐ Impatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred Certification: A hours after des.

-rei Director: Ahe 1 ☑Natural 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accident 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida Medicai 29a. Cartifier 1 🕒 Certifying Physician: To the bast of my knowledga, daath occurred et tha tima, data and place, and dua to tha causa(s) and menner as stated. (Check only one) 2 Medical Examiner: On the basis of exeminetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) "DACK" 6 M.D. March 16, 1996 30. Name end eddress of person who completed causa of death (Itam 23a) (Type, Print) DIKON BAYVIGU HOSPITOL FASTERN AVENUE, BALTIMORE 1996 31. Date filed (Month) (2) State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month) emay /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ST. AGNES HOSPITAL BALTIMORE N/A | Months | Days | Hours | Min. | 8. Date of Birth (Months | Days | Hours | Min. | 2 - 26 - 15 | 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** 15₹M 2□ F 81 MARYLAND 217-05-8125 Yrs. Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of health and Mental Hygiene. Important: If Item 27 is marked other than "natural" any injury or other treumatic every any injury or other treumatic every any injury or other treumatic every any injury or other treumatic every any injury or other treumatic every any injury or other treumatic every and injury or other treumatic every ev 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND BALTIMORE 1 ☐ Yes 2 ☐ No Director CATONSVILLE 10e. Street and Numbe 10g. Citizen of What Country? 718 CROSBEY ROAD **USA** Funeral 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 11 Marital Status 1 Never Married 2F Married 1 ☐ Yes 2 🛣 No Specify: Specify: by 3 Widowed 4 Divorced WHITE Completed 16a, Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 10 YEARS Coilege (1-4or 5+) CHIEF CLERK ILA LONGSHOREMAN 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) WILLIAM DE MAY ANTOINETTE LAVEREGETTA 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. FRANCES DE MAY 718 CROSBEY ROAD BALTO. MD. 21228 20b. Place of Disposition (Nama of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) STANISLAUS CEMETERY3-22-1996 BALTO. MD. KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE BALTO. MD. 21222 is that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, use on each line. Part1. Enter the dis-Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): pue physician at a the burial-t of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending in for use as ed by the s Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d 3 Probably 4 ☐ Unknown 1 Yes 225No lypertension by 24s. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed page 2 s 1□ Yes ANNo this certificate 1□Yes 2P(No 25. Was case referred to medical examiner? æ 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 DOA 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation Natural 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide Medical 📉 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a, Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the ceuse(s) and mannar stated. 24 To the within 2 To the 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) RESIDENT AGNES Chehethi MAR 30 075

State

Registrar

31. Date filed (Month, Dey, Year)

MAR 2 2 1936



AVE

BALTIMORE

MD 21229

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MAR 7 9 MM Selection American

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR
1. DECEDENT'S NAI
4. SOCIAL SECURIT
216-05
9a. FACILITY NAME
6928 De
RESIDENCE O
10a. STATE
Maryland
10e. STREET AND N
1704 Le
11. MARITAL STATUS
1 Never Married
3 Widowed 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ŀ	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 10.3. TIME OF DEATN MONTH DAY YEAR 10.3.8 Am														
			Frank	walter '	Visne	2.y				March		1990	6	10:38 Am	
	4. SOCIAL SECURITY NUMBI	ER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 Y		IF UNDER		7. DATE OF I	BIRTN N. Year		8. BIRTH Countr	IPLACE (State or Foreign	
	216~05~505	8	t 💢 M 2 🗆 F	79	YRS.	MONTHS D	AYS	HOURS	MIN.			917		iuland	
	9a. FACILITY NAME (If not ins	titution, give st	treet and number)			9b. CITY, TO						9c. COU	NTY OF D	EATN	
DIRECTOR	6928 Delval		e				1	Dunda	lk			Bo	ultin	nore	
5	RESIDENCE OF DEC	EDENT 10b. COUNTY	,		I son CITY	TOWN OR	0047	ION		-				10d. INSIDE CITY	
E I		IOD. COUNTY	Baltimor	. 0	10c. CITY, TOWN OR LOCATION Dundalk							LIMITS1			
	Maryland 100. STREET AND NUMBER		Виссинол	Le			1 .01	ZIP CODE		UCIC		I 017		1 ☐ YES 2 1 NO	
RA	1704 Leslie	Dood					101.	ZIP CODE		1222				States	
FUNERAL	1704 LESCLE	Koaa	12 WAS DECEDEN	IT EVER IN U.S. AR	MED	12 48	S DEC	ENDENT O		IIC ORIGIN? (S	annihi Man			E — American Indian.	
	1 Never Married 2	Married	FORCES?	XXES 2 1		lf y	08, SP(city Cuber	n, Maxica	n, Puarto Rica		or No-	Black	k, White, etc.	
B	3 🔀 Widowed 4 🗌 Divor	ced	IF YES, GIVE Y	MAN ON DATES		1	TES	2X X NO	Specify	r:			Spec	white	
8	15. DECE	EDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OCCI	JPATIC	ON .		16b. KII	ND OF BUS	SINESS/INI	DUSTRY	Wilde	
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	life	Do NOT us	rork done dun e retired.)	ng mo:	st of workin	g						
APL	10 Years			M	Machinist					Manufacturing				g	
Ö	17. FATHER'S NAME (First, Min		18. MOTNER'S NA					ME (First, Midd	lle, Maiden	Surname)					
BE (Frank Disne	2.y						Anto	onie	Henni	ng				
10	19a. INFORMANT'S NAME (Ty	rpe/Print)		190	b. MAILING	ADDRESS (S	itreet a	nd Number	or Rural I	Route Number,	City or Town	n, State, Zij	p Code)		
Ronald Visney 17531 Oak Mount Pr										e Dal	las,	TX	752	87	
	20a, METNOD OF DISPOSITION TO Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place)												own, Stata		
1	Oak Lawn Cemetery 3/22/1996 Baltimore, Maryland														
	Duda-Ruck Funeral Home of Dundalk, Inc.														
	7922 Wise Ave. Dundalk, Maryland 21222														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate													Approximate	
	IMMEDIATE CAUSE (Fin		Liet only one ca	uee on wach line).									Onset and Death	
	disease or condition (NAL) SRI/ - AL/AL 37 RLADGE (L)											14 NONR			
	reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):														
Z	Sequentially list conditions,														
CERTIFICATION	If any, leading to immed	liete	DUE TO	(OR AS A CONSE	DUENCE OF	F):									
2	cause. Enter UNDERLYII CAUSE (Disease or Inju		C	OR AS A CONSE	01151105.01										
Ë	thet initiated eventa reaulting in death) LAS	r I	DOE 10	ON AS A CONSE	DUENCE OF	-):									
Ü			d												
	PART II. Other significe	nt condition	a contributing to	deeth but not	reaulting i	n the unde	rlyln	g ceuse o	given in	Part I. 24	e. WAS AN		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL											YES 2			COMPLETION OF CAUSE OF DEATN?	
AEI I														1 YES 2 NO	
_	DID TOBACCO U	SE CONT	RIBUTE TO CA	AUSE OF DEA	TH YE	S N	OD	UNC	ERTAII	N 🗆				,	
M	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		28. PLA	CE OF DEAT	TH (Check on	y one)								
SIC	t VES 2 QNO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	g Nom	. 5 NA	sidence	6 Other (S	(pecify)			2	
PHYSICIAN:	27. MANNER OF DEATN		26a, DATE O	F INJURY Day, Year)	28b. TIM	E OF 2		URY AT		26d. DESCR	IBE HOW I	INJURY OC	CURED		
BY.		Pending Investigation		-,,,				YES 2	NO						
	3 Sulcide 6	Could not be	28e. PLACE building	OF INJURY - At he , atc. (Specify)	ma, lerm, i	street, factor	, offic	•			ON (Street (or or Rural	Route Number,	
	4 Nomicide	dstermined								·					
PLE	29a. CERTIFIER (Check only	IFYING PNYS	ICIAN: To the best of	f my knowledge, de	eth occurr	ed at the time	e, date	and place	, and dua	to the cause((s) and ma	nner as sta	sted.		
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the beels of	examination end/or	investigatio	n, in my opi	nion, d	lesth occur	red at the	time, date an	d place, er	nd due to t	he ceuse(s) end manner as stated.	
											D (Month, Day, Year)				
) BE	m. Times	1/ &	Laff D	Lysida	h			01	97	14		> 3,	120/	16	
5	30. NAME AND ADDRESS OF			OF DEATH (ITE	М 27) (Туре,	Print)									
	MILMARL	PULI	ch UM	BUML	41	40 E	1/7	elr	AL	e 814	INT	ref.	1/21	14	
	31. DATE FILED (Month, Day,		6 · A	AR'S SIGNATURE						-	,				
	MAR 2 2 1996 Sutte auriden Andreas														

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DIVISION OF VITAL RECORDS, P.O. BOX 13148,	OR	DIRE	tem.
	M	A E	=
	400	UNE	ANI
	黑	里里	ORT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within : No Brs # ###	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thints to find within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removed	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam

	1 - STATE REGISTRAR	STATE OF MARYL		IMENI UF	HEALTH AND	MENIAL	REG. NO.	t			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F OEATH		3. TIME OF	OEATH	
	PAUL HA	MLEN	00	995		MONTH	2 2		YEAR	30A M	
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)	-	. BIRTHPLACE (State Country)	or Foreign	
	216-10-6429	1 💢 M 2 🗆 F	78 YRS.	me months said noons mit.				7.1918 Maryland			
	On. FACILITY NAME (If not institution, give :		1 gen Dr		OR LOCATION OF D			9c. COUNTY OF DEATH			
6	ROCK SPAING	VILLAGE	1	FOR	-71 H	LL		HA	rfor	0	
C	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOC	ATION	10d. INSIDE CITY					
DIRECTOR	Maryland Har	ford	F	orest H	111				1 VES		
	10e. STREET AND NUMBER	.01.0	-		01. ZIP CODE			10g. CITIZ	EN OF WHAT COUNT	TRY?	
EH	1 Colgate Dr	ive Room	#704		21050			Uni	ted Sta	tes	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES			CENDENT OF HISPA pecify Cuban, Mexic			or No-	4. RACE — America Black, White, etc.	n Indian,	
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR E			S 2 NO Speci		,,		Specify:	hite	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										11100	
10 Electrical Inspector Gas and Electric Utili 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)											
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Makden Surname)											
Paul Conrad Dogge Myrtle E. Hamlen											
0	19a. INFORMANT'S NAME (Type/Print)		2017 - 200-								
	Mrs. Lorraine C.				Anne Cour		-		e, Md. 2	21084	
	1 X Buriel 2 Cremetion 3 Ran 4 Donation 8 Other (Specify)	novel from State	other place)		al Park				and and a large	vland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Mark T	7avovna	22. NAME	AND ADDRESS OF F	ACILITY		eli bur	iiie, nai	yranu	
	> Made T- 2		Lavojna		nard J.			743		01014	
	23. PART I. Enter the diseases, or		d the deeth. Do		5 Harford				re, Md.	21214	
	shock, or heart fallure.	List only one cause on a			,				Inter	val Between	
	IMMEDIATE CAUSE (Final disease or condition	a. A CUTE DUE TO (OR AS	600	DNAL	y AZI	Eny	D	IDET	176		
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	/						
NO	Sequentially list conditions,	ADWI	5.								
SATE	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):							
걸	CAUSE (Diseese or Injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE O	F):							
RTIF	resulting in death) LAST	4									
뜅	DART II. Other electificant condition			to the control of		I					
8	PART II. Other significent condition	ins contributing to death	but not resulting	in the underlyi	ng cause given in		PERFOR	RMED?	24b. WERE AUTO MAILABLE COMPLETIO		
_						—	1 TES 2	NO	OF DEATH?		
2						-			1 🗆 YES	2 PANO	
N N	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	check only one)				
PHYSICIAN: MED	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	me 5 🗆 Rasidence						
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	E OF 28c. II	NJURY AT YORK?			NJURY OCC	URED		
BY	1 Natural 8 Pending 2 Accident Investigation	NA			YES 2 1 NO		NA				
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, eclfy)	street, factory, of	lice		TION (Street Town, State)		or Rural Route Numbe	N,	
₩ 200 CECTIFIED											
COMPLETED	cond only	BICIAN: To the best of my know IER: On the basis of examination								or as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				SIGNED (Month, Day		
BE	4 amsun	Melm	5	ME	D 2	1800	1		A2 21	76	
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type								
	31. DATE FILEO (Month, Day, Spar)	1810 BEZA	NATIONAL MANAGEMENT	FAU	100 N	MO	210	47	41087	46564	
	MAR 9 2 1996	HELLE THE THE THE THE	THE STATE OF THE PARTY OF THE P								

and was all selections

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PEG NO.

	* REGISTRAR		Ç	EKIIF	CALE	: OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	-						2. DATE (F DEATH	(A	YEAR	3. TIME OF DEATH	
	MATTIE	DAVI	5					3			96	9.53	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		s. BIRTH	PLACE (Stete or Foreign	
ı	067-12-7743	1 🗆 M 2 🗆 🗶	78	YRS.	MONTHS	DAYS	HOURS MIN.		9/19				
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						NTY OF D		
5	Fallston Hospi	tal			Fai	11s	ton			I I	Harf	ord	
5	RESIDENCE OF DECEDENT												
	10e. STATE 10b. COUNTY	1		10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
ā	Md Har	ford		Ed	gew	ood						1 YES 2 NO	
4	10e. STREET AND NUMBER			10f. ZIP CODE						10g. CIT	IZEN OF W	HAT COUNTRY?	
	1425 St. Chris	topher (Ct	14010							A		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AI	RMED	IED 13 WAS DECEMBENT OF HISDANIC ORIGINS (Specify					or No-	14. RACE	- American Indian,	
	1 Never Merried 2 Merried	FORCES? 1	R OR DATES	NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)						Speck	t, White, etc.	
S S	3 Widowed 4 Divorced						V					black	
	15. DECEDENT'S EDU	CATION	16a. Di	ECEDENT'S	EDENT'S USUAL OCCUPATION 16b. KIN					SINESS/IN	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	116	a. Do NOT us	ind of work done during most of working NOT use retired.)								
ᆲ	12	,		urse	s A:	Aide Medic					ıl		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumeme)												
	Lovett King												
190 INFORMANT'S NAME (Food/Driet)										n State 7	n Code)		
2	Ophėlia Brown,	Daughte									v 11/11		
- 1	20a. METHOD OF DISPOSITION	Daugnet								N.Y. 11413			
	20a. METHOD OF DISPOSITION 10 Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACEANDDATEOF DISPOSITION (Name of cematery, cramatory or other place) Evergreen Cemetery 3/23 Brooklyn, N												
	21. SIGNATURE OF FUNERAL SERVICE L®		Ever	gree	-				3 Br	ookl	yn,	N.Y.	
	Sterling Ashton Funeral Home												
	1 ten x	21/12/16			7	cer.	Ling As	nton	Fun	eral	HOI	me .Md21228	
	23. PART I. Enter the diseases, or o	complications that	caused tha d	aeth. Do r								Approximate	
	shock, or hasrt failure.											Interval Between Onset and Dea	
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) a. MYOCARDIHL INFARCTION Due to (or as a consequence of):												
	reaulting in dasth)	a. 7140	CORDII	74 /	NFAF	RCTI	ON					45 MIN	
				OUENCE OF	F):								
5	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):												
ĔΙ	If sny, leading to immediate cause, Enter UNDERLYING	002 10 (OH AS A CONSE	OUENCE OF	-):							ì	
3	CAUSE (Disease or Injury	c.	OR AS A CONSE	COLLENCE OF	ο.		-	-					
	that initiated events resulting in death) LAST	DOE TO (On AS A CONSE	OUENCE O	r);								
CERTIFICATION	resulting in death) LAS!												
	PART II. Other significant condition	s contributing to	death but not	rasulting	In the un	derlyin	g cause givan in	Part I.	24a, WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDING	
EDICAL	HYPERTER	SION						1	PERFOR	-		AMILABLE PRIOR TO COMPLETION OF CAUSE	
			5001	:0				-	1 YES 2	NO		OF DEATH?	
Σ	HYPERC						7					1 YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAL					UNCERTAI	ΝЦ					
ड	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEA	OTHER								
S	1 TYES 2 NO	1 🗆 Inpatient 2 🗆	ER/Outpatient	3 DOA	4 Nun	eing Hom	ne 5 F Residence	8 🗆 Other	(Specify)				
=	27. MANNER OF DEATH	28e. DATE OF I (Month, Da		28b. TIM	E OF URY		JURY AT ORK?	28d. DEŞ	CRIBE HOW I	NJURY O	CURED		
B	1 Natural 5 Pending 2 Accident Investigation		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		М		YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At h	ome, ferm,	street, fect	ory, offic	:0			end Numbe	or or Rural F	Route Number,	
	4 Homicide determined	bullding, t	ste. (Specify)					City o	r Town, Stete)				
۳	290. CERTIFIER (Check only	ICIAN: To the heat of a	my knowledge d	leeth occurs	ed at the ti	lon dete	and place and due	do the name	-(-)		4-4		
ξ	onel											and manner se stated	
COMPLETED	2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as												
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Mog/h, Da)												
2		100			,	or CIN	, D ;	1120	+		3/1	9/96	
-	30. NAME AND ADDRESS OF PERSON WA	O COMPLETE CAUS	E OF DEATH (ITI			-4	264 / 10	(Des	Aus	72.	A1 T -	MD 21201	
	FRANZ C. VEL	LA- CAM	1 6-6-K		9. D.		BL+ LI	Den	1700	DI	المار	ווט בוצטו	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAT	R'S GIGNATURE		-								
- 4	MAR 9 2 1996	reydson	STOPPER	6									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be excurded that the property of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buril, certaining, examiner must be notified at once.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

DHMH-18 Rev 1/89

approximation of a second

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the found of the following by the strending physician.

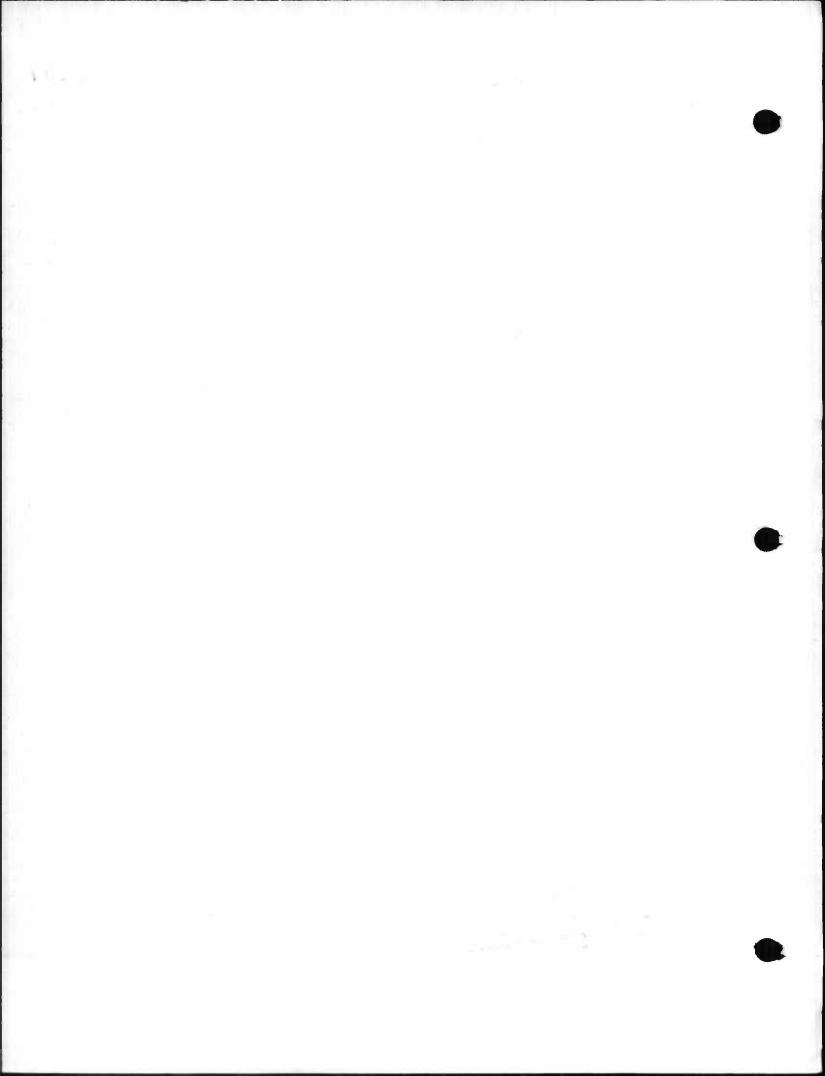
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JA

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

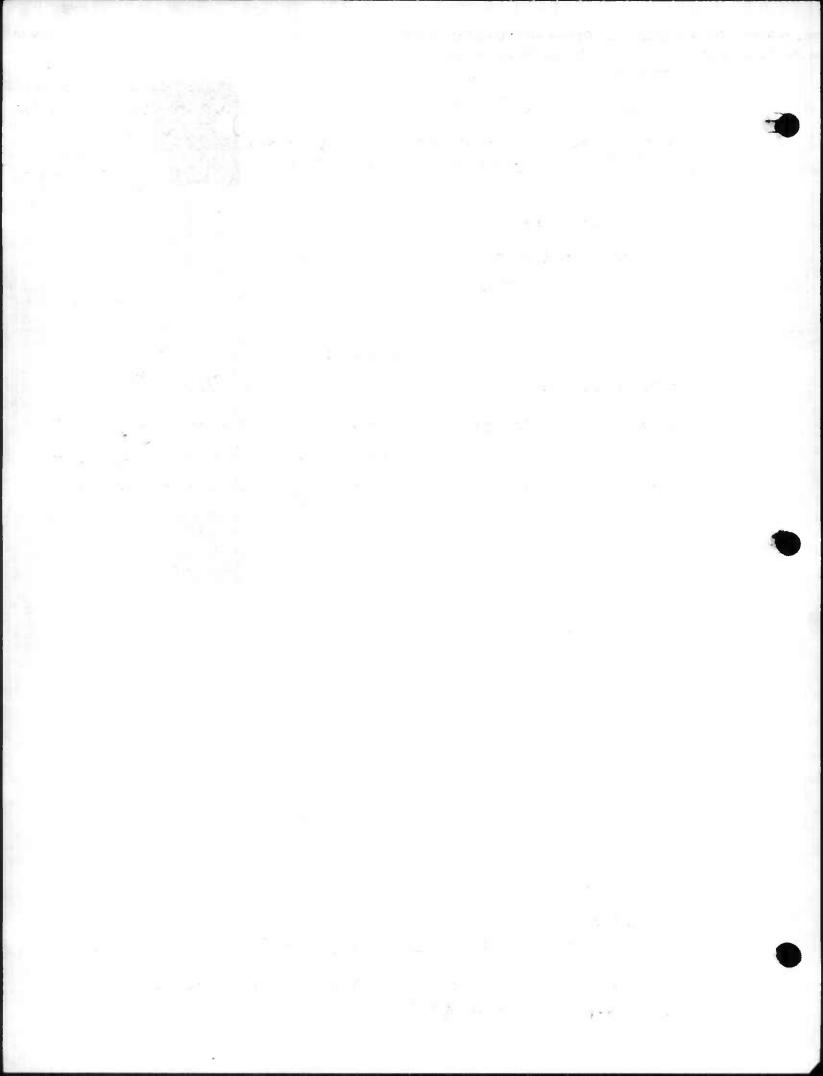
	Marlene Edmiston March 20 1996 2:35 Am													
	4. SOCIAL SECURITY NUMBER		5. SEX		. lest birthday)		R t YEAR	IF UNDER		7 DATE OF B	еты		a. BIRTNP	LACE (State or Foreign
	551-47-8835	,	1 🗆 M 2 💢 🏋	55	YRS.	MONTHS	DAYS	HOURS	MIN.	March Day	6, 1	941	Engla	and
	9e. FACILITY NAME (If not inst						Y, TOWN O					9c. COL	INTY OF DE	ATH
OB	Union Me		al Hosp	ital		Baltimore City City							?	
בו	RESIDENCE OF DECI	10b. COUNT	v		100 CIT	10c. CITY, TOWN OR LOCATION 10d INS								
DIRECTOR	MD		ity		100, 011	i, lown		timo	re				- 1	10d, INSIDE CITY LIMITS? XYES 2 \(\square\) NO
AL	10e. STREET AND NUMBER				101, ZIP COOE 11						10g. CIT	0g. CITIZEN OF WHAT COUNTRY?		
ER	705 #4 Eas	t 32n	d Street			21218						England		
FUNERAL	11, MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	IMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. BACE - A					- American Indian.			
ВУ Г	1 Never Married 2 A 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W	AR OR DATES	NtO If yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 □ YES 2 □ NO Specify: Specify:									
					XX							White		
TE	15. OECE (Specify only	DENT'S EDU highest grade		188	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-1 10th)	ille. Do NOT use retired.)					Б	oata					
ME	17. FATHER'S NAME (First, Mid	wa	Waitress Restauran						urant	-				
	17. PATHEN S NAME (FIRST, MIC		Frnest Ma	n[colm	W:11:	Williams 18. MOTNER'S NAME (First, Middle, Maiden Surmanne)								
BE	19a. INFORMANT'S NAME (Tyz	ITCOHII	VVIIII	Williams Lillian Winifred Williams								.allis		
2	Rita Rowland					hdal	RESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) England							ngland
	20a, METHOD OF DISPOSITIO	001 DI 0	0 115	IIGUI	date br. heard dreem cheadle sho ssh						JOA			
	1 Burlat 2 Cremation 4 Donation Other (IDDATE OF DISPOSITION (Name of elery or other place)						n, State				
-	21. SIGNATURE OF FUNERAL	H	Treop	_	. NAME AN	_			100	SOIT,	עוייו			
	mI	-)	Burgee-Henss Funeral HOme											
	23. PART I. Enter the dis	4	and.	nen		حا	621	Fall	a_Dd	Pol	- 110	MD	21211	
	23. PART I. Entar the dis ahock, or ha	art fallure.	complications the List only one cau	caused the se on aach	deeth. Do i lina,	not ante	r the mo	de of dy	ing, suci	h as cardiac	or respi	ratory ar	rast,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition Past To his true but Death													
	disease or condition - Post-Obstructive Preumonia 3d													
	disease or condition resulting in death) Post-Obstructive Pneumonia Due to (or as a consequence or): Metastatic Carcinoma to Lungs unknown If any, leading to immediate													
N	Sequantially list condition	ons.	· letas	rahe	(arc	ino	ma	10	L	ings				unknown
CERTIFICATION	if sny, isading to immedicause. Enter UNDERLYIN		Adeno	(OH AS A CON	NSEQUENCE O	F):	1.			·				1
임	CAUSE (Disease or Injury		C. TICKE TO	(OR AS A COA	ISECUENCE O	-U	nkn	مدن	r	mary	515	_		UN KANOWY
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
B			d											1
	PART II. Other significan								given in	Part I. 24a	WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	_ Chroniz	- 065	tructive	Pulm	conany	Di	seas	e		15	YES Z			COMPLETION OF CAUSE OF DEATN?
WE	Hepatra	- Cir	hosis									^		1 YES 2 NO
ż	- Hiner	tensi	01											
S	25. WAS CASE REPERRED TO EXAMINER?		HOSPITAL:					ACE OF D	EATN (Ch	eck only one)				
S	1 TES 2 NO		1 M Inpetient 2	ER/Outpatien	n 3 🗆 DOA	OTHE		5 🗆 Re	sidence	8 Other (Spe	ectfy)			
PHYSICIA	27. MANNER OF DEATH		28a. DATE OF (Month, D.		28b. TIM	IE OF	28c. INJI	JRY AT RK?		28d. DESCRIE	E HOW I	NJURY OC	CUREO	
B≺	1 Natural 5 P	ending weatigation				M		ES 2	NO					
	3 Suicide 8 C	could not be	28s. PLACE O building,	F INJURY — A atc. (Specify)	t home, ferm,	street, fac	ctory, office			281. LOCATION			or Rural Ro	ute Number,
E	4 Homicide de	etermined								,	,,			
7	29a. CERTIFIER (Check only	FYING PNYS	ICIAN: To the best of	my knowledge	, death occurr	ed at the	time, data	and place	, and dua	to the cause(a)	and mar	ner as ata	ited.	
COMPLETED														and menner as stated.
	29b. SIGNATURE AND TITLE (OF CONTIFIE	R					29c. LICE	NSE NU	ABER .	_	29d DA1	E SIGNED	Month, Day, Year)
BE	lan	CITA	2 m	. 0				AT	- 2	47894	16	> /	1000	201996
임	30. NAME AND ADDRESS/OF				(ITEM 27) (Type	Print)		-, ,		90.7			CAPC.	, 2,1110
	Jay Cooper, M.D. 29 S. Paca, Baltimore, Mary land, 21201													
	31. DATE FILES Month, Day, Jany													
	MAR 22 335 June Lundon 1													



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O.C.

			Certificate of Death		Reg. No.	08258						
т	Physici	an	1. Decedent's Name (First, Middle, Last)	2. Dete of De Month	eth Day Year	3. Time of Death						
1	↓ /Medi		Louise F. Eder	March	20 1996	7:20 PM						
	Examir	ner		or Location of Death	4c. County of Dea	ith						
			Harford Gardens Nursing Home BALTIN 5. Social Security Number 8. Sax 7. Ann. (In yrs. lest highday) If Under 1 Year If Under 24		N/A							
	Funeral Director			Ain. (Month, Da		thplece (State or Foreign ountry) Shington D.						
	and		10e. State 10b. County 10c. City, Town or Location			10d. Inside City Limite						
	Mary	ō	Md Baltimore N/A			1 ☐ Yes 2Ã No						
	28e	Lec	10e. Street and Number 10f. Zip Code		10g. Citizen of What C	ountry?						
	23a o	raiD	7806 St. Patricia Lane 21222		USA							
21215-0020	within 72 hours after death with the Maryland ene. than "natural, or items 23s or 28s-f show he Medical Examine must be notified at	by Funeral Director	11. Meritel Stetue 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes: 13. Wes Decedent of Hispanic Origin? If Yes, epecify Cuban, Mexican, Pt	(Specify Yes or No Jerto Rican, etc.)	Cocolt							
20	72 hours "natural",	ted	15. Decedent's Education 18a. Decedent's Usual Occupation	un dela a	18b. Kind of Business	r/Industry						
21	within 7	Completed	(Specify only highest grade completed) (Give kind of work done during most of life. DO NOT use retired) (Give kind of work done during most of life. DO NOT use retired)	working								
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Ž	should bud Ments	To		Beatrice Geiser et and Number or Rural Route Number, City or Town, State, Zip Code)								
Ma	d2 sl th an 7 is r		19a. Informant'e Neme/Relationship (Type, Print) Lillian Smutek /daughter 7806 St. Patricia									
9	f Health them 27 other tr		20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece)	Dete	20c. Location - City or							
Baltimore,	0 0 - 7		4 Donetton 5 Other (Specify) Glen Haven Memorial	en Haven Memorial 3/23/96 Glen Burnie, Me								
Ball	permit. Pag Department Important: I any injury o		21. Signature of Funeral Servica Licenaee 22. Name and Address of Facility Connelly Fun 7110 Sollors			dalk						
1			23e. Pertit Enter the disease or complications that caused the death. Do not enter the mode of dying, such as care shock, or heart fallura. Lift only one cause on each line.	diac or respiratory a	rrest,	Approximata Interval Between						
F	Physician /Medical Examiner		immediate Causa (Final disease or condition Carcinoma of the lu	ng		Onset and Deeth						
		Je.	Due to (or as a consequence of):									
	rificate be executed ng physician and as the burial-transit	Examiner	Sequentially list conditions, Due to (or es e consequence of):	/								
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68760,	physic the t	Physician/Medical	thet initieted events									
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Вох	eath cer attendir for use	clan										
P.0.	that the dead by the detached	ysi	Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did		a to the cause of death?						
	s that	by Pt	Cerebral Vuscular Accident	_ 15	Yee 2□No 3□P	Probably 4 Unknown						
Records,	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use	Completed b	ASCVD, COPD		omed?	Were autopsy tindings available prior to completion of cause of death?						
Œ	The law ate has page 2	E O		1 🗆 '	Yes 2DNo	1 ☐ Yes 2 ☐ No						
Vital		Be C	25. Was case referred to medical axaminar?	Death (Check only o	one)							
of V	S 50	Tol	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: Wursin	g Home 5 🗆 Resi	dence 8 Other (Spe	ecify)						
п	D Je S	00:	27. Manner of Deeth 28a. Date of Injury 28b. Tima of Injury Work? 28c. Injury at Work?	28d. Describe	how injury occurred							
Division	Attending or death. ector: After by the fune	Certification:	2 Accident investigation M 1 Yes 2 No									
Σ	or At or At Olrect in by	artin.	4 Homicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	28f. Location (Street and Number or R wn, State)	lural Route Number,						
	Hospital 24 hours a Funeral C		29s. Cartifier 19 Cartifying Physician: To the heat of my knowledge death occurred at the time date and ol									
	To the Hospital or Attendii within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical	29a. Cartifier (Check only one) Certifying Phyelclan: To the best of my knowledge, death occurred et the time, date and please of examination and/or investigation, in my opinion, death of each of each of the time. The basis of examination and/or investigation, in my opinion, death of each of each of each occurred et the time, date and please of examination and/or investigation, in my opinion, death occurred et the time, date and please of each occurred et the time, date and please of each occurred et the time, date and please of examination and/or investigation, in my opinion, death occurred et the time.	ccurred at the time,	date and placa, end du	e to the ceuee(s)						
	To the within 2 To the comple	Me	29b. Signetury and title of certifier 29c. License number	29c. License number 29d. Detersigned (Month, Day, Year)								
	7		fredric Julia M.D. D22646	1). D22645 3/21/96								
	5	-	30. Name and address of person who completed cause of death (Item 23e) (Type, Print)		-1-1	*						
			FREDRIC SIRKIS MIDITISI HOLAMIRD AVE. BA	LTG, MD, 2	12/22							
П	Sta	te	31. Dete flied (Month, Dey, Yeer) MAD 2 2 1006 June Devices Shatture	Harmonig Frontiere (British & Front & C.								

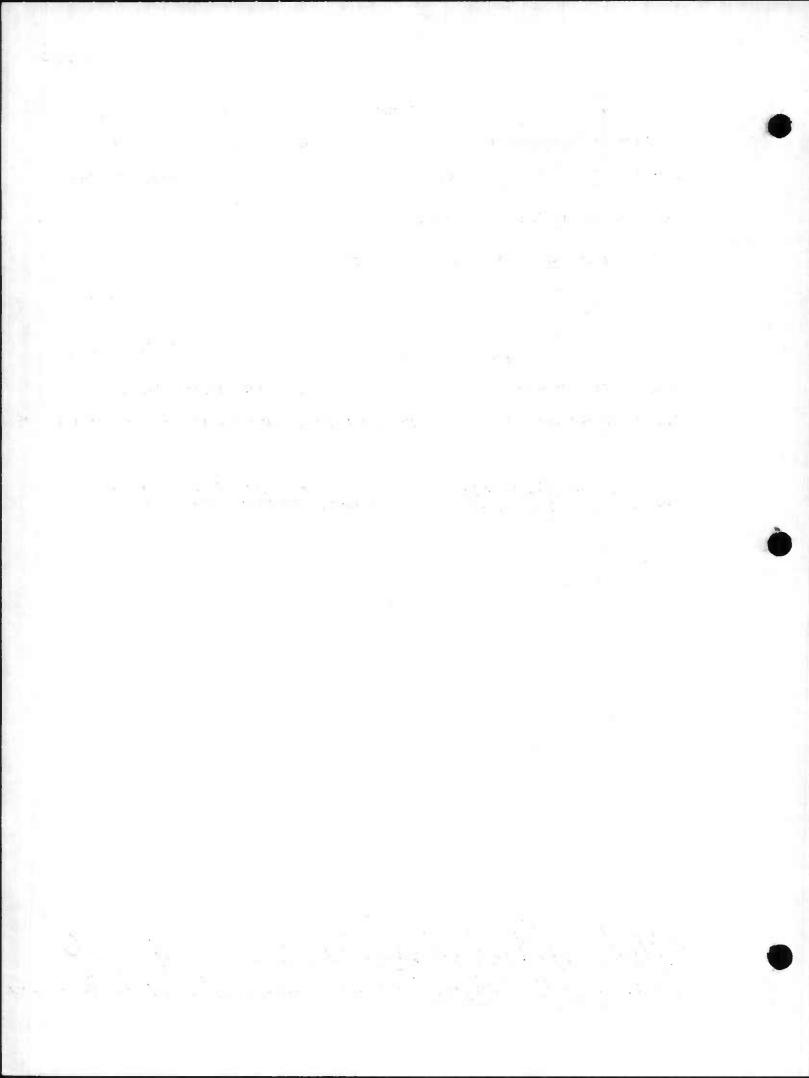


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State of Maryland / Department of Health and Mental Hygiene 96 08259

						Certifica	ate of	Death		Reg. No.			
	Dhysia	ion	1. Decedant's Nama (First, Middle	a, Last)					2. Data of Dea Month	ath Day		Tima of Death	
	Physic /Medi		Gregory	Lynn	Hav	rbaugh			marc	h 18	1996 1	4:50	
7	Exami		4a. Facility Nama (If not institution		•			4b. City, Town, or Lo					
			Washington Cou		l			Hagerston			shington	ı	
	Funeral Director		5. Social Security Number 212-58-7691 Usual Rasidance of Decedant	6. Sex 7. A 1X□ M 2□ F	iga (In yrs. last bi	Yrs. If Und Months	lar 1 Yaar 8 Days	Hours Min.	8. Data of Birt (Month, Da) Dec. 29	h, Year) , 1950	9. Birthplace (Country) Marylar	Stata or Foreign 1d	
	land land		10a. Stata 10b. County		10c. City, Tow	vn or Location					10d. In:	sida City Limits	
	Many	ō	Maryland Washi	ngton	Hager	stown						Yas 2√ No	
	1 the	Director	10e. Street and Number			10f. Z	Ip Code			10g. Citizan of	What Country?		
	h with		30 E. Antietam	Stroot-Ant.	2R	2	1740			u.s.			
020	72 hours after death with the Maryland natural, or items 23a or 28a-f show dical Examiner must be nettled at	by Funeral	11. Marital Status 1 Nevar Married 2 Man 3 Widowed 4 Divorced	12. Was Decedan Armed Forcas 1 ☐ Yas 2 ₹	t Ever in U,S. ?] No	13. Was Dec If Yas, sp	edant of I becify Cub	Hispanic Origin? (Spean, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)		ce - Amaricen Indick, White, atc.		
21215-0020	n 72 hours "natural", edical Ex-		15. Dacadan	t's Educetion		. Dacedant's Us	ual Occur	pation		16b. Kind of B	susinass/Industry		
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Z Z	d Menta d Menta narked retic ev	10	Stanley Elias H	arbaugh				Catherine	e Virgi	ria Kel	ler		
, Maryland	and 2 sho alth and 27 ts m		19a. Informant's Name/Ralations Cynthia Sharer		23	b. Mailing Addre	ss (Street	ide Drive	al Routa Numbe -Martin	sburg,	City or Town, State, Zip Code) Wrg, W. Virginia 24		
saltimore	Pages 1 a nant of Hei ant: If Nam ury or othe		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 4 ☑ Donation 5 ☐ Other (S)		comete	of Disposition (Nary, cramatory or	ama of rothar pla	ice)	Data	20c. Location	- City or Town, St	tata	
Balt	Departs Imports eny Injk		21. Signature of Funeral Service	oh B. Van Sar	ess of Facility Comy Board			nore Str	eet				
	_		3a. Parte. Enter the disaasa, or shock, or haart failura. List	complication that cause	d the death. Do			, Maryland			1 400	oximate	
6 68 760,	Medicale be sweated by the burial-transit as the burial-transit		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intilizated events resulting in death) Last	End- Alcol	Due to (or as a	consequence of	hu	hi fives	Dy	liam	Me, yr	5	
90	death ce e attend of for us	Physician/											
ġ	6 6 6	lys!	Part II. Other significant condition	ns contributing to death	but not rasulting I	n tha undarlying	causa gh	van in Part I.			entribute to the c		
L	that det								101	res 2□ No	3 Probably	4 Dunknown	
Hecords,	law requires as been sign 2 should be	Completed by							24a. Was a perior	an autopsy med?	24b. Wara sur availabla completic of daath?	prior to on of cause	
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	yalcii s car drec	0	examiner?	Hospital:	iant 2 ER/O	utpatient 3 0	OOA Oth	her: 4 Nursing Ho			nar (Specify)		
5	g Physic larmis nersi dir	T:U	27. Manne of Death	28a. Data of Inj		Tima of	28c. Inju		28d. Dascribe h				
2	Attending I r death. sctor: After by the fune	atio	1 ☑Natural 5 ☐ Pendin 2 ☐ Accident investig		ay reary	Injury M		Yas 2□No					
5	호흡흡류	Certification:	3 ☐ Suicide 6 ☐ Could 1 4 ☐ Homicide determ	ined 288. Place of in	ijury - At homa, fa tc. (Specify)	arm, streat, facto	ory, office		28f. Location (S City or Tow		ber or Rural Rout	a Number,	
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	within 2 Ye the comple	ž	29b. Signature and title of certified	1 ()/ 1	1 11	/ 25	9c. Licans	sa number	- 2	29d. Data signe	ed (Month/ Day, Y	(ear)	
•			What I	19/001	00k 0	1	1)	31581		7/1	8/9(
		-	30 Name and address of person	who completed cause of	mat (Item 23a)	(Print)	/	11000		2/1	1 11		
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Registrar



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Data of Daath 3. Time of Death Month **Physician** harles Henr 1996 1:14 AM Mar 6 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Howard County Howard County General Hospital Columbia H Under 1 Yaer If Under 24 Hrs. 8. Data of Birth
Months Deys Hours Min. (Month, Day, Year)
October 3, 1910 5. Social Security Number 6 Sex 7. Aga (In yrs. last birthday) 85 Yrs. 9. Birthplace (Stata or Foreign **Funeral** 1⊠M 2□ F Virginia Yrs. Director 230-24-1418 Usual Rasidence of Decedant deeth with the Maryland 10a Stata 10b County 10c, City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Howard County Columbia Maryland 1 Yas 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 8549 Davis Road 21045 USA Funeral 12. Was Decedant Evar In U,S. Armed Forces? 13. Wes Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11 Marital Status 14. Race - American Indian. Black, Whita, atc. ign 1 and 2 should be filed within 72 hours efter of Health and Mental Hygiane. 1 ☐ Yes 2 ☐ No II Yas, Giva Year or Datas: 1 Navar Married 2 Married e, Maryjand 21215-0020 1 ☐ Yas 2 No Specify: þ Specify white 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Dacedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) maintenance government 17. Fathar's Nama (First Middle Lest) 18, Mothar's Nama (First, Middla, Maidan Sumama) Be unknown unknown ည 19a. Informant's Name/Raletlonship (Type, Print) 19b. Melling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) 4930 Orchard Drive, Ellicott City, MD 21043 Ms. Virginia Mathias/daughter 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata **CLI** 8 XXX Surial 2 Crametion 3 Ramoval from State Crestlawn Memorial Gdns. 3-19-96 Marriottsville, MD 4 ☐ Donation 5 ☐ Othar (Specify) The of Funeral Service Licensee 21. Signi 22. Nama end Address of Fecility
Slack Funeral Home, P.A. Ellicott City, Maryland 21043 M00535 Entar tha disaasa, or complications thet caused tha death. Do not entar tha mode of dying, such as cardiac or respiratory errest, ock, or heert leilure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediata Cause (Final Respiratory diseese or condition rasulting in death) Examiner Dua to (or as a consequence of): Cancer 2 months physicien and the burial-transit The law requires that the death certificata be executed Sequantially list conditions, if eny, leading to immadiata causa. Entar Underlying Ceusa (Diseasa or Injury that initiated avants rasulting in death) Last Dua to (or es a consequance ol): Division of Vitai Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): attending p signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Rheumatoid þ ate hes been signated to should to 24b. Were autopsy lindings available prior to completion of causa of death? Completed 24e. Was an eutopsy performed? certificate hes 1 □ Yas 2 No 2 No 1 Yas To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, in 25. Was case ralarred to medical Be 26. Place of Death (Check only ona) examinar? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yas 2 No 2 28a. Data of Injury (Month, Day Year) 27. Mennar of Death 28c. injury at Work? 28d. Dascribe how Injury occurred 28b. Time of Certification: 1 Natural 2 Accident 5 Pending 1 Yes 2 No invastigation 6 ☐ Could not be datarmined 3 ☐ Sulcida 28a. Place of Injury - At homa, larm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the causa(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the causa(s) and menner stated. 29a, Certifier Medical 29b. Signatura and title of certifiar 29c. Licansa number 29d. Deta signed (Month, Day, Year) 234613 16 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) Anna poli Ellicot City MD Geller 9501 012 MO Rd 31. Data filed (Month, Day, Yaar) MAR 2 2 1996 32. Registrar's Signature State Registrar

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BALTJMORE, MARYLAND 21215-0020

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the first of may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the funeral director, page 5 should be detached to the first of the	be ned within 72 hours are death with the State Dept, or result and wenter hybere provide order, crematon, or remove. IMPORTANT: If flem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	- L.	JONE	25		2. DATE OF E	R 18 C	YEAR 1946			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTHPLACE (State or Forei	ign		
	217-30-7140	1 - M 2 X F	6 YRS.	MONTHS DAYS	HOURS MM.	Way	28.34	Maryland			
	Se. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH			
6	HUNE Frun	del Gen	HOSP	HN	NAI	oblis	5	MA			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY			
띰	MD Anne	Arundel	·	acy's I				LIMITS?			
AL	10s. STREET AND NUMBER				ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	_		
FUNERAL	303 Deale Road			2	20779		USA	A			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1 2 √ NO If yes, specify Cuber, Marican, Puerto Rican, etc.)					14. RACE — American Indian, Black, White, etc.	,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	2 ½ NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:							
	15. DECEDENT'S EDU		16a. DECEDENT'S U	ISHAL OCCUPATION	W	D OF BUSINESS/INDU	ICTOV				
H	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind at wo life. Do NOT use	ork done during mo- retired.)	st of working	TOOL KIN	D OF BOSINESS/INDU	Joint .			
AP L	12		Supervis	sor		Te	lephone (Company			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1				, Maiden Sumame)				
George Ernest Lang Sr. Ethel LaRue Wike											
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)											
-	Charles E. Jones							20779			
	20b. PLACEAND DATE OF DISPOSITION DATE 20c. LOCATION City or Town, 1 Burlet 2 Densition 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of particular or many place) 3/22 Baltimore, M. 1 1 1 1 1 1 1 1 1										
	21. SIGNATURE OF SUNBRAL SERVICE LIC		tto crene		O ADDRESS OF FA	3/22	Baltimo	ore, MD			
	Note to	//////					me, P.A.				
Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 214											
	22 DART I Enter the discourses			12 RI	ugery A	ve. Ann	aports, ML	21401			
		complications that caused List only one cause on e	d the death. Do no	ot enter the mo	de of dying, suc	ch as cardiac	or respiratory arre	at, Approximate interval Between	ween		
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition	List only one cause on e	ach line.	ot enter the mo	de of dying, suc	ch as cardiac	or respiratory arre	at, Approximate	ween		
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z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Vent	ricul	ot enter the mo	de of dying, suc	ch as cardiac	or respiratory arre	at, Approximate interval Between	ween		
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31. DATE FILED (Morith, Day, Year)
MAR 22 1996

2

DHMN-16 Rev 1/89

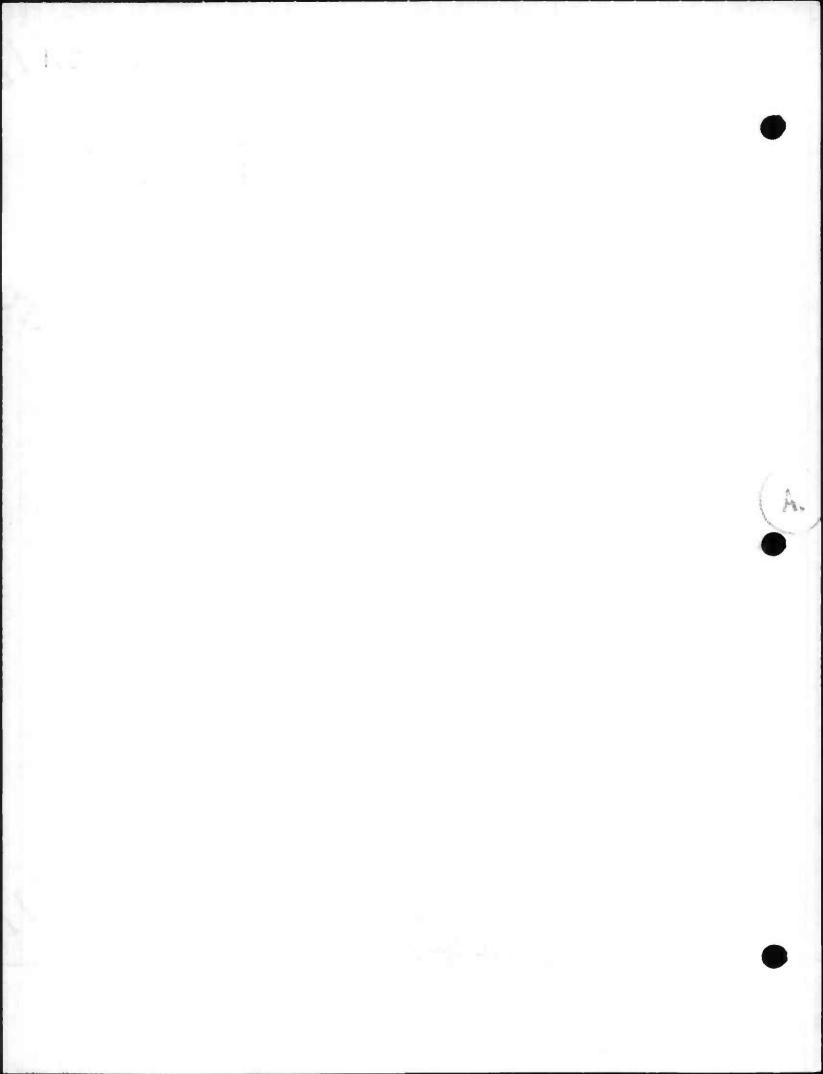
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32. REGISTRAR'S SIGNATURE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** march 18 1996 19:05 pm CELESTINE. JOHNSON /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SAMARITAN HOSPITAL BALTIMORE CITY n/a 8. Date of Birth APR. 10, 1929 If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign MARYLAND **Funeral** 1□M 2□€ 212-26-9382 66 Yrs Director Usual Rasidanca of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at MD BALTIMORE n/a Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 943 WASHINGTON STREET 21205 UNITED STATES N. F 1 and 2 should be filed within 72 hours after death voil thealth and Mental Hygiene. Funera 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, White, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva Maryland 21215-0020 1 Yas X No BLACK à Specify: 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedent's Education (Specify only highast grada completed) 16b. Kind ot Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 11 IN PRIVATE HOME HOUSEWIFE th 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be MERT STOKES VERA LEE 19a. Intormant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 943 CHARLES D. JOHNSON N. WASHINGTON, baltimore, md more, 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Surial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 8 OWINGS MILLS, MD GARRISON FOREST VA CEM. 3-25 21. Signature of Fundral Service Licenses 22. Nama and Addrass of Facility WM. C. MARCH FH.-1101 23a. Part1. Enta the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximata Interval Between Onsat and Death Physician Immediata Causa (Final disaasa or condition rasulting in death) /Medical 9 months Examiner Due to (or as a consequança ot): Examiner physician and the burial-transit Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Disaase or injury that initiated avants rasulting in death) Last Dua to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): attending f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown p 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peeu page 2 has 2 18 No certificate 1 Tas 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was casa ratarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 Yas 2XXNo 1) (Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28d. Describe how Injury occurred Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Natural 2 Accident 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Sulcida 28a. Place of Injury - At homa, tarm, streat, factory, office building, atc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical 29b. Signature and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)

Nina F. Evenett, MD 2323 Oviens St, Bachmore Md 21224 Everett MD wha Day don Hong 31. Data tiled (Month, Day, Year) Registrar

(41)

March and . 3. 3.

1001 - a C 1

Physician /Medical Examiner

Funeral Director

d other than "natural", or Nems 23e or 28e-f show event, the Medical Examiner must be notified at

Completed

Be 2

the Maryla

uld be filed within 72 hours after Iryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

- 5	10		State	of Maryla	and / De					Mental Hy		e .			
						ertificat				,	Reg. N	- 4	6	0821	53
	1. Decedant's Name	a (First, Middl	ia, Last)							2. Data of De		av .	- Vest	3. Tima of	
an al	HELEN					JOR	DAN			MARCH]	7 1	998	1:53	PM
er	4a. Facility Nama (II	f not institution	n, giva street and n	ım <i>ber)</i>				4b. City, To	own, or L	ocation of Deal	h 4	c. County	of Death		
	301 McM	ECHEN	1 STREET					BAL	TIMO	ORE	E N/A				
П	5. Social Security N	umber	rs. last birthd	Months Days Hours Min. (Month, D				Birth 9. Bi			irthplaca (Stata or Foreign				
	136-50-6	86 Yrs	s. Months Days Hours Min. (Month, D								vland				
	Usuai Rasidance of	1000000												/	
	10a. Stata	10b. County				, Town or Location							1	0d. Insida Ci	ly Limits
to	Maryland	N	I/A		Baltin	altimore							1 X Yas	2 🗆 No	
10	10e. Street and Nun	nber				10f. Zip Coda					10g. C	What Cour	ountry?		
Completed by Funeral Director	301 McMe		21217					Uı	nited	Sta	tes				
	11. Marital Status 12. Was Decedant Evar in U Armed Forcas?					Was Decedant of Hispanic Origin? (Specify Yas or No- If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Black, Whita, atc.									
T	1 Nevar Marri	2 X No		1 □ Yas 2 No Specify: Specify: Black											
þ	3 XWidowed	/idowed 4 □ Divorced If Yas, Giva Yaar or Datas:				TEL TAS ZIZANO Specify:						Specif	BI:	ack	
etec	(Spec		nt's Education st grada compiated)	16a. De	a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)				16b. Kind of Business/			usiness/în	dustry	
ם	Eiamantary/Seco	ndary (0-12)	Collaga	(1-4or 5+)											
S	10th				Fo	od Pre	pare			Marriott					
Be	17. Fathar's Nama (*							a (First, Middle			na)		
2	Charles	Greer	, Sr.					Lou	iisa	Hallin	gsma	ont			
	19a. Informant's Na	me/Ralations	ship (Type, Print)		19b. M	eiling Addrass	(Street	and Numb	er or Rui	rai Routa Numb	er, City	or Town	Steta, Zip	Coda)	
	Pearl Jo	ones			300	2 Rayn	or A	venue	, Ba	altimor	e, N	1D 21	216		
	20a. Mathod of Disp					sposition (Nar		on l		Data	20c.	Location	City or To	wn, Stata	
	1XX8uriai 2 ☐ 4 ☐ Donation		3 □Ramoval from Specify)	CEDAR	HILL		ETERY	3-	26	AN	INE	ARUNE	EL CO	.,MD	
	21. Signatura of Fu		22. Nama and Address of Facility March Funeral Home 1101 E. North Avenue, Baltimore, Maryland 21202							202					
	23a. Part1. Entar th shock, or haar	na disaesa, or rt fallure. List	r complications that only one cause on	caused tha da	-						_			Approximate Interval Bet	8

Physician /Medical **Examiner**

the attending physician and hed for usa as tha burial-transit

detached

should peed a has page 2

Be

2

Certification:

Medical

cartificata

Hospital or Attending Physician:
 24 hours aftar death.
 Funeral Director: After this cartificalately filled in by the funeral director, i

signed by t

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medicai by

Immediate Ceusa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last Completed

25. Was casa rafarrad to medical axaminar?

31. Data filed (Month, Dey, Year)

1996

Mas 2□ No

27. Mannar of Death

1XX Vatural

2 ☐ Accident

Arteriosclerotic Cardiovascular Disease Dua to (or as a consequence of): Dua to (or as a consequance of) Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of daath? 1 Yas 20No 1 ☐ Yas 2 ☐ No 26. Placa of Death (Check only ona)

Onsat and Death

Hospitai: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Yas 2 No

6 Could not be detarmined 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 3 ☐ Suicida 28a. Piaca of injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida

1 Certifying Physician: To tha best of my knowledga, daath occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

Medical Examiner: On tha basis of examination end/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) and manner statad. 29a. Cartifier (Check only one) 29d. Data signed (Month, Day, Year)

29b. Signature and title of certiflar sole

29c. Licansa number MARCH 17,1996 O.C.M.E.

30. Nama and addrass of person who completed cause of daeth (Item 23a) (Type, Print)

Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar





within 2



and the second s

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	OF	F DEAT	TH		REG.	NO.

	1 - FOR STATE OF MARYLAN REGISTRAR	D / DEPARTM CERTIFICA				GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) CATHERINE Constance	e KA	RSOI	/	2. DATE OF DE	DAY	YEAR 6:40 A M		
	220-14-2084 1□M2×0F 71	YRS. MON	UNDER 1 YEAR ITHS DAYS	March Co. March					
OR I	Good Samaritan Hospital	96.		more Cit		9c. COUNT	N/A		
DIRECTOR	Maryland N/A	10c, CITY, TO	OWN OR LOCATI		timore		10d. INSIDE CITY LIMITS? 1 YES 2 □ NO		
FUNERAL	100. STREET AND NUMBER 207 Tunbridge Road		101.	ZIP CODE 21 21	2		10g. CITIZEN OF WHAT COUNTRY? United States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MNO							
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4 or 5 +)	(Give kind of work life. Do NOT use ref	done during mos lired.)	N t of working	-12-30	of Business/INDU			
	12 Years 17. FATHER'S NAME (First, Middle, Last) Benjamin Cherry	Restaw	meur	16. MOTHER'S NA	ME (First, Middle,				
TO BE	19a. INFORMANT'S NAME (Type/Print) George R. Karson III	19b. MAILING ADI	ADDRESS (Street and Number or Pural Poute Number, City or Town, State, Zip Code) Newberry Court Joppatowne, Maryland 21085						
	1 Buriat 2 ACremation 3 Removal from State 4 Donation 5 Other (Specify)	aceand date of di Cop Seri	sice co	rp. 3/2	0/1996		Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					ome of De dalk, Ma	undalk, Inc. ryland 21222		
	23. PART I. Enter the diseases, or compitcations that caused the shock, or heert feilure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR S A CO	line.			h aa cardiac o	r reaptratory arre	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
A.	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Renal failure 2246. WAS AN AUTOPSY PERFORMED? 1 TYES 2 X NO						24b. WERE AUTOPSY FINDINGS AMIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetle	nt 3 🗆 DOA 4	THER: Nursing Home	5 Realdence	6 Other (Spec	cify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Dey, Year)	286. TIME OF	M 1 Y	RK?	28d. DESCRIBE	DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						or Rural Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and								
B	296. SIGNATURE AND TITLE OF CERTIFIER N. Morbodlem, M.D.		29c. LICENSE NUMBER D 46 3 5 8			29d. DATE	SIGNED (Month, Day, Year) arch 19, 1996		
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH						lt, mp 21239		
	31. DATE FILED (Month, Day, Mar) 32. REGISTRAR'S SOLATI MAR 2.2. 1986								



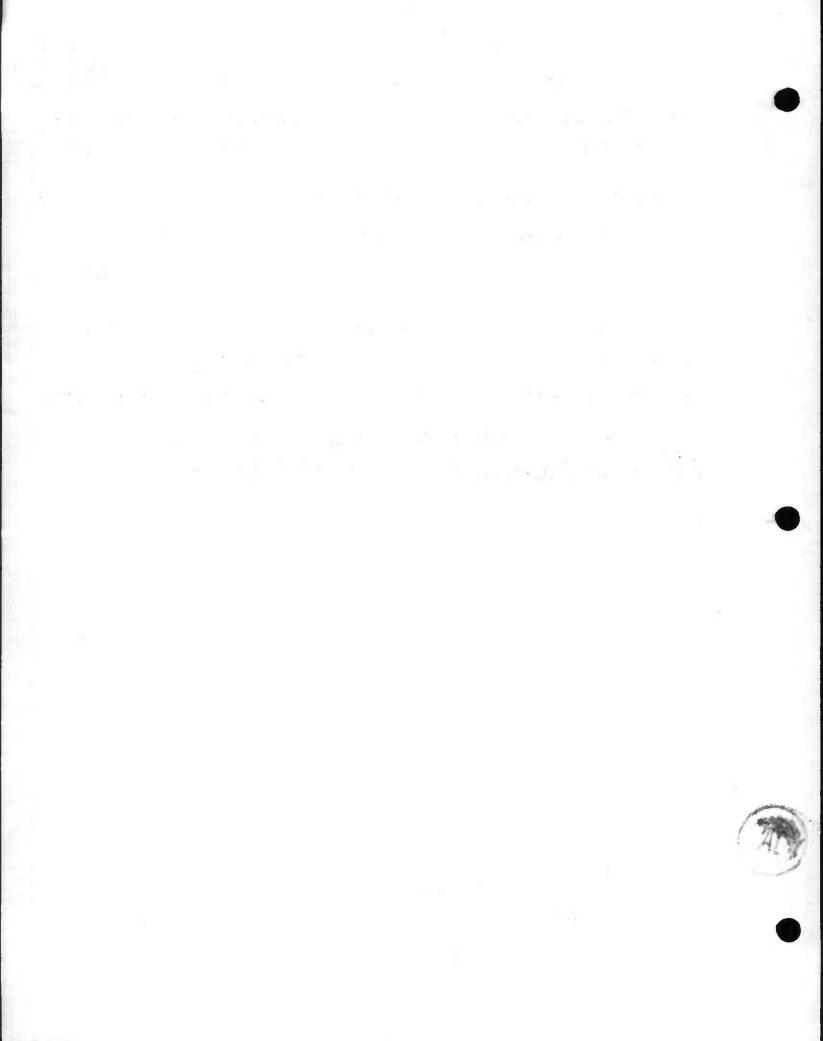
Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'a Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** KOWALSKI 3-15-96 WILLIAM J. 0728 AM /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner WASHINGTON CO. HOSPITAL WASHINGTON CO. HAGERSTOWN If Under 1 Year Months Days if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 8 - 4 - 1 5 9. Birthplece (State or Foreign Country) MARYLAND 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** Days V□M 2□F 215-05-2238 Yrs. 80 **Director** Usual Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours efter death with the Marylend Department of Health and Mertal Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Examples must be notified at other. 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo MARYLAND WASHINGTON CO. HAGERSTOWN 10e. Streef and Number 10f. Zip Code 10g. Citizen of What Country? 7710 RED OAK DRIVE Funerai 21740 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispento Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Maritel Stetus Bleck, White, etc. 1 ☐ Yes 2 💢 No If Yes, Give 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: þ Specify: WHITE 3 Widowed 4 Divorced Yeer or Detes: Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Induatry Elementery/Secondery (0-12) 10 YEARS College (1-4or 5+) POLICEMAN BALTO. CITY 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) JOHN KOWALSKI MARY GRABOWSKI 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MR. MRS HUGH MCVEAGH 17710 RED OAK DRIVE HAGERSTOWN, MD. 21740 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 □ Donetion 5 ♥ Other (Specify) ENTOMBMENT OAK LAWN CEM. BALTO. MD. 3-18 22. Name end Address of Fecility KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVE. BALTO. MD. 21224
enter the mode of dying, such as cardiac or respiratory errest,
Approx 3e. Pert1. Enter the disees shock, or heert feilure. policetions that caused the deeth. Do not enter Physician hypoteurius, Cardiac arrhythmia
Due to (or es e consequence ot):
Congestive heart failure
Due to (or es e consequence ot): Immediate Cause (Final disease or condition resulting in deeth) /Medical 10 min Examiner Physiclan/Medical Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury Box 68760, nlumonia thet Initiated events resulting in deeth) Lest Due to (or as e consequence of): hronic renal esn P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown post Coronary artery of Vital Records, ρ 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24a. Wes an eutopsy Completed 1 Yes 2 No 1 Yea 2 No Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 28b. Time of Injury 27. Menner of Deeth 28c. injury et Work? 28d. Describe how Injury occurred 5 Pending 1 Meturel 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner es sfeted.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due fo the cause(s) end menner steted. 29a. Certifier 24 hr Medical (Check only one) within 2 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Juliswih' 2200 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 2 Hagerstown Md 21742 Oak Hill Ave, 32. Registrar's Signature 31. Dete filed (Month, Dey, Yeer) MAR 2 2 1996

Registrar
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death Month Day **Physician** John JOSEPH LANIEWSKI March 16, 1996 11:27 pm /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner FRANKLIN SQUARE HOSPITAL ROSEDALE Baltimore County 7. Aga (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 9. Birthpiace (Stete or Foreign **Funeral** Days 1 M 2□ F MARYLAND Yrs. 214-44-7805 50 Director Usual Residence of Decedent the Merylend 10a State 10b. Count 10c. City, Town or Location 10d. inside City Limits "natural", or items 23s or 28s-f sho MARYLAND BALTIMORE BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1772 MELBOURNE ROAD 231222 USA to be filed within 72 hours after death intel Hygiene.

ed other then "natural", or flems 23:
event, the Madical Examiner must Funeral 12. Was Decedent Evar in U.S. Armed Forces? 1 2 Yas 2 2000 Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 TNo Specify: Specify À 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilega (1-4or 5+) FIREMAN BALTO. CO. Pages 1 and 2 should be file timent of Health and Mentel Hy lant: If them 27 Is marked oth lury or other traumatic even 17. Father's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Melden Surname) EDWARD LANIEWSKI WANDA ZOMKOWSKI 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1772 MELBOURNE ROAD BALTO. MD. 21222 19a. Informant's Name/Relationship (Type, Print) Department of Health or Important: If Nem 27 Is any injury or other trau once. MRS. ROSALIE LANIEWSKI 20a. Method of Disposition 20b. Place of Disposition (Neme of 20c. Location - City or Town, Stata moRELAND MEM. PARK 1 Buriai 2 □ Cramation 3 □ Removal from Stata 3 - 21 - 96BALTO. CO. MD. 4 ☐ Donation 5 ☐ Other (Specify) nature of Funeral Service License KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE BALTO. MD. 21222 du 23a. Part1. Enter the disease of complete on that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one course on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final Myocardial Infarction 5 min diseasa or condition resulting in death) Examine Due to (or as a consequence of): b. Coronary Artery Disease physician and s the buriel-transit The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, c Hypertension Physician/Medical Due to (or as a consequence of): for use es been signed by the should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? page 2 certificate 1 Yes 2 No 25. Was casa referred to medical 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 28a. Date of injury (Month, Dey Year) 28c. Injury at Work? Certification: 27. Manner of Death 28b. Tima of 28d. Describe how injury occurred 5 Pending investigation 1 MNatural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be determined

Division of Vital Records,

To the Hospital or Attending Physician: Mibin 24, hours after death.

Fo the Funeral Director: After this certifical completely filled in by the funeral director, p.

State Registrar

edical

31. Date filed (Month, Dey, Year)

29c. Licansa number William andrew Rene, MP

D23704

to Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

William Renie M.D. 9000 Franklin Square Drive Baltimore, Maryland 21237

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

MAR 2 2 1996

29b. Signature and title of certifier

4 Homleide

29a. Certifier (Check only one)

> 32. Registrar's Signature wie Davidson Rondalle

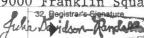
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 08267 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month Day Yeer **Physician** William 1996 MAYS 19 9:55 pm March /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Franklin Square Hospital Rossville Baltimore If Undar 1 Year | If Under 24 Hrs. 6. Dete of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** 15₹M 2□ F Yrs . 53 Director 212-38-2172 April 26, 1942 Maryland Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits rthan "natural", or items 23s or 28s-f show the Medical Examiner must be notified at the Maryla Md. **Baltimore** 1 ☐ Yes 2 ☐ No MIddle River Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? with 2 Holcumb Court 21220 USA Funeral 2 should be filed within 72 hours after death and Mental Hygiene. 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indien, Black, Whita, atc. 11. Maritai Stetus 1 StYas 2 □ No If Yas, Giva Yeer or Datas: 1 ☐ Navar Married 2 Merried 1 Yas 2 No Specify White þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Coilege (1-4or 5+) School School Maintenance 12th other 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) Be is merked William R. MAys Jr. MArie E. 2 == Kachele 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Pages 1 and 2 s nent of Health an int: If item 27 is 1 Alice MAys 2 Holcoumb Court Baltimore Maryland 21220 20b. Piaca of Disposition (Nama of cematary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata Data permit. Pages Department of Important: If its any injury or o 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 3/23/96 Oak Lawn Cemetery Baltimore Md. 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Connelly Funeral Home of Essex Part 1. Entar the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. onne Approximeta Intarval Bet Onset and Death **Physician** Immediata Causa (Final disease or condition rasulting in daath) /Medical Severe coronary artery desease 20 years Examiner Dua to (or as a consequence of): Examiner physician and the burial-transit or Attending Physician: The law requires that the death certificate be executed Sequentially ilst conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or injury that initiated evants resulting in death) Last Dua to (or as a consequence of) Physician/Medical Due to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 1 Yes 2 ANo 3 Probably 4 Unknown þ Completed 24b. Ware autopsy findings available prior to 24e. Was an autopsy performed? complation of cause of death? 2X No 1 ☐ Yas 2 ☐ No certificate 1 Yes 25. Was casa rafarred to medical Be 26. Placa of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2N No 1 ☐ Inpatiant 2 ☐XER/Outpatient 3 ☐ DOA After this funeral 28a. Deta of Injury (Month, Day Year) Certification: 27. Mennar of Death 28b. Tima of 28c. Injury at Work? 26d. Dascribe how injury occurred 1 Natural 2 Accident 5 Pending 1 Tyes 2 No death. invastigation after death Director: / the 6 Could not be datarmined 3 Sulcida 28a. Piece of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 - Homicide 24 hours a Hospital edical 29a. Certifier 1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, date end place, and dua to the cause(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) and manner stated. within 2 To the the 29b. Signatura and title of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print)

State Registrar

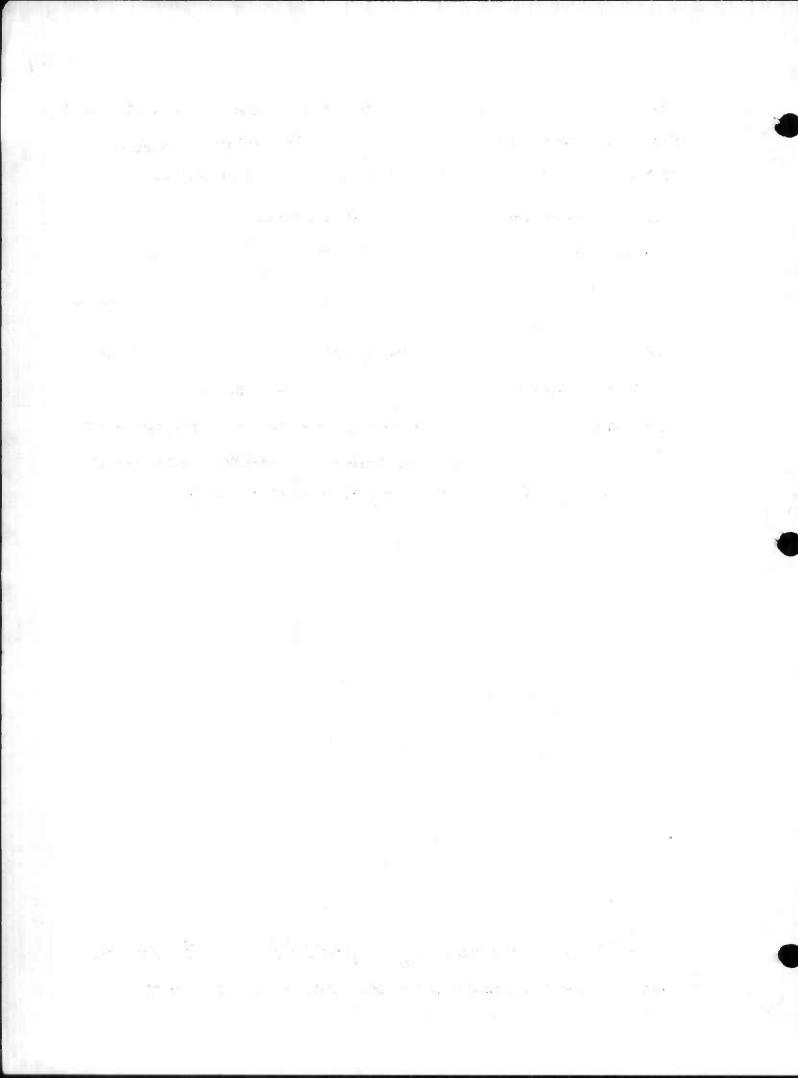
Arturo Norico 9000 Franklin Square Drive Baltimore, Maryland 21237 31. Data filed (Manth, Day, Year) 1996 49



Barfimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN	E				
	DECEDENT'S NAME (First, Middle, Last) PAUL	MAYNARD		LS JR		2. DATE OF DEATH MONTH MAR 21	1 996 YEAR	3. TIME OF DEATH 9:59 am			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le			t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTTH			8. BIRTHPLACE (State or Foreign				
	216-28-5764 XX M 2 G F 65			YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) NOV 10, 19			.930 Baltimore, Mo				
OR	Saint Joseph Med	Saint Joseph Medical Center				rland	9c. COUNTY OF DEATH Baltimore				
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT	10c. CITY, TOWN OR LOCATION				10d, INSIDE CITY			
DIRECTOR	Maryland N/A	A	Baltimore				LIMITS?				
A.	10e. STREET AND NUMBER					101. ZIP CODE					
FUNERAL	3700 C1	3700 Clipper Road				21211					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II				NIC ORIGIN? (Specify Yes	or No — 14. RAC	E — American Indian,			
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? TYTY YES	ATES		2 NO Specify		Spe				
	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S	USUAL OCCUPATION)N	16b. KIND OF BUS	I SINESS/INDUSTRY				
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo	st of working	32.000					
P.	12th		Retired	M/Sgt M	echanic	Air N	ation1 G	uard			
Ö	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BE (Walter B. Mill	Ls			Jane	Irene Muma	.VJ				
6	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		21211			
	Carole Mills (Wif					ltimore, M					
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		netery, cremetory or o				DATE 20c. LOCATION - City or Town, State 3/23 Ellicott City, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC		ood Snep	ard Ceme	DETY		16011 (1	Ly, Md.			
	· A. Alar	Seit h				, Jr. Fune venue, Bal					
	23. PART I. Enter the diseasee, or c shock, or heart fallure. I	omplications that cause lat only one cause on e	the deeth. Do					Approximata Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition reauting in death) ACUTE MYOCARDIAL INFARCTION										
	DUE TO (OR AS A CONSEQUENCE OF):										
N N	Sequentially list conditions, Due to (or as a consequence of):										
FA	If any, leading to immediate cause. Enter UNDERLYING	552 15 (611 75)	OONSEGUENCE C	·).				i			
필	CAUSE (Disease or injury that initieted events	DUE TO (OR AS /	CONSEQUENCE D	F):							
CERTIFICATION	reaulting in deeth) LAST	1.									
	PART II. Other algnificent conditions	s contributing to deeth b	ut not regulting	In the underlying	ceuse given in	Part i. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS			
CAL	ALCOHOL WITHD			, , , , , , , , , , , , , , , , , , , ,	,	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
03						1 U YES 2	ZINO	OF DEATH?			
2	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	F DEATH Y	ES 👿 NO 🗆	UNCERTAIL	N D		1 123 2 13 114			
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			TH (Check only one)							
SIC	1 TYES 2 TO	HOSPITAL: 1 The atlent 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (Specify)					
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE DF INJURY (Month, Day, Year)	28b. Tik		URY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation				rES 2 NO						
9	3 Suicide 6 Could not be 4 Homicide determined	— At home, term,	home, term, afreet, fectory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occur	red at the time, date	end place, end due	to the cause(s) end me	nner ee stated,				
ĕ O	one) 2 MEDICAL EXAMINE	R: On the besis of exemination	n end/or Investigati	on, in my opinion, d	eath occured at the	time, date end place, er	d due to the ceuse	(s) end menner es stated.			
	296 SIGNATURE AND TITLE OF CERTIFIER	.0	W		29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Yeer)			
O BE	Kongol L. L.	Whoun			D 3182	26	1 3-21	-96			
2	30. NAME AND ADDRESS OF PERSON WHO				WEON	ADVI AND S	204				
	RICHARD L LINTHI 31. DATE FILED (Month, Day, Year)			NUAU I	ATTOUN, N	MULICANO SI	EU 7				
	MAR 22 1996	32. BESISTRAR'S SIGNALA	made								

BALTIMORE, MARYLAND 21215-0020	uns after death. Page 6 may be retained by the hospital or attending physician.	I certificate has been signed by the intending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygnes prior to burial, cernation, or removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAM. The law mountes that the dusth certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	(IQ.TAE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1be filed within 72 hours after death with the State Digs. of Health and Mental Highes prior to burial, cremation, or network.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	1 - STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR CERTIF				MENTAL	HYGIEN REG. NO.	E	0	00209
	1. DECEDENT'S NAME (First, Middle, Last) Anna							2. DATE OF	F OEATH DA	AY .	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8 AGE (In	Norris	IF UNDER 1 Y	ram I mr.mm	DER 24 HRS.	Mar		19	96	1:40 ° M
	212-05-1178	1 📉 M 2 🗆 F	M 2 □ F 87 VRS.		MONTHS D	AYB HOUR	MIN.	7. DATE OF BIRTH (Morth, Day, Year) 10-18-08			Counti	PLACE (State or Foreign TY) YLAND
NO.	98. FACILITY NAME (If not institution, give ST. JOSEPH'S HOSP		SING (CENTER		WN OR LOCA ALITM(EATH			TIM	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		100 007	Y, TOWN OR L	OCATION						
DIRECTOR	MARYLAND BAT	LTIMORE		106. (11	TOWSON							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 1115 GREEN ACRE	ROAD				21286				10g. CIT		WHAT COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XNO	If ye	DECENDENT a, specify Cu YES 2 N	ban, Mexica	NIC ORIGIN? (an, Puerto Ric y:	(Specify Yea an, etc.)	or No-	14. RACI Bleck WHIT	E — American Indian, k, Whita, etc.
ED	15. DECEDENT'S EDI (Specify only highest grad	ICATION	11	6. DECEDENT'S				16b. K	IND OF BUS	INESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 8	,	HOMEMAE		ng most of wo	rking	OWN	I HOME			
	17. FATHER'S NAME (First, Middle, Lest) CHARLES SLATER							ME (First, Mid EGGARS	idle, Malden			
TO BE	19a. INFORMANT'S NAME (Type/Print) MR. & MRS BERNARD	BIALZAK		196. MAILING	REFN	ACRE F	oer or Rural B	ALTO.	MD. 2	n, Stete, Zi 21286	Code)	
	26 METHOD OF DISPOSITION 1 Burtet 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	oval from State		LACEAND DATE				3-19		CATION —	City or To	wn, State
	21 SIGNATURE OF FUNERAL SERVICE LI	наее	TIOL				KI F	J-19 UNERAL			עני	
\vdash	Kullsty	ozu	rusa	W				. BALI				
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	ise on esc	h line.	not sater the	mode of c	lying, suc	h se cardis	c or respi	ratory an	reat,	Approximats Interval Between Onset and Death
	resulting in death) a. Oue TO IOR AS A CONSEQUENCE OFFIC									10 days		
TION	Sequentially list conditions, it say, leading to immediate Due to (on as a consequence of):									or 5 yrs		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	s. DUE TO	(OR AS A C	ONSEQUENCE OF	r):							
18		d							<u></u>			
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED? OCOMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PUNCERTAIN											
AN	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CA		PLACE OF DEAT			CERTAIN	4 L				
PHYSICIAN:	1 VES 2 DNO	HOSPITAL:	572	T	OTHER:		Rasidence	8 🗆 Other (S	Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU			WORK?	_ NO	28d. DESCRIBE HOW INJURY OCCURED				
<u>a</u>	3 Suicida 8 Could not be 4 Homicide datarmined	28s. PLACE O building,	F INJURY — etc. (Specify)	At home, ferm, (street, fectory,	offica			ON (Street a Town, State)	nd Number	or Runal A	loute Number,
COMPLET		CIAN: To the best of a										and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		m	1		29c. LI	CENSE NUN					(Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALL	E OF DEATH	H STERR OF CO.	Order)			1			C 77(6	1110

MARYLAND. 21042

BALTIMORE, MARYLAND 21215-0020	her 6 may be retained by the hospital or attending physicia
Min.	1
_	Zino
V	٥
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	res that the death certificate be executed with
IVISION OF VITAL RE	DR ATTENDING PHYSICIAN: The law requi

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the property of the managery of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, fined in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLANI REGISTRAR	D / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH MONTH DAY	3. TIME OF DEATH
	ASADEIIE JI DLES	5	MAR 15 /	996 1:25 p m
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs	(last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Roreign Couptry)
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF	JULY 28, 1910	POLAND
<u>چ</u>	JOSEDH RICHEV HOSDIA	E BALTIMORE	DEATH SC. COUNT	Y OF DEATH
5	RESIDENCE OF DECEDENT			1/4
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
	10o. STREET AND NUMBER	ELKRIDGE 101, ZIP CODE	100 CITIZE	1 YES 2 NO
FUNERAL	6009 HUNT CLUB RD.	2122'		· 5.A.
NS.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	ARMED 13. WAS DECENDENT OF HISE	ANIC ORIGIN? (Specify Yes or No. 1	4. RACE — American Indian, Black, White, atc.
ВУ	1			Specify:
	15. DECEOENT'S EDUCATION 16a	DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	WHITE
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)		
MP	/2	HOMEMAKEL	OWN HON	E
	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S	NAME (First, Middle, Meiden Surname)	
BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Run	FRUSKI	NAME OF THE PARTY
임	MARY MARGARET OLES	6009 LUNTAINE	RD. ELKPING	E UD. 21227
		CE AND DATE OF DISPOSITION (Nama of	DATE 20c. LOCATION - CH	ty or Town, State
	4 Donetion 6 Other (Specify)	Crimetory Opther place) CEM - MI	4.19,149 BALTO.	CO. HD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF	FACILITY 2829 HUDSO	WST'
	Thomas . Atack	KAPDA FI	BALTI MORE	MD-21224
	23. PART I. Enter the diseases or complications that caused the ahock, or heart failure. List only one cause on each	deeth. Do not enter the mode of dying, at line.	sch as cardiac or respiratory erres	it, Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Anny		Onset and Death
	resulting in death) a	ISEOUENCE OF):		minites
z	Anoxi	a Encaphalabath	21	1 whe
E	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING	SEOUENCE OF):		5/-
[윤	CAUSE (Disease or injury that initiated events	ISEQUENCE OF:	0	Civis.
CERTIFICATION	resulting in death) LAST	we Heart Foulu	12	3 mos
	PART II. Other aignificent conditions contributing to death but no	of resulting in the underlying sever elver	in Part I. 24s. WAS AN AUTOPSY	
CAL		or resulting in the underlying cause given	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC			1 - YES 2 NO	OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	EATH YES NO UNCERTA	JN 🗆	1 YES 2 NO
PHYSICIAN:	EXAMINER? HOSPITAL:	LACE OF DEATH (Check only one) OTHER:	a.l i	
IXSI	1 Tes 2 NO 1 Inpatient 2 ER/Outpatient	3 DOA 4 Nursing Home 5 Residence		100
	1 Natural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
) BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — A building ste (Specific)	t home, term, street, factory, office	281. LOCATION (Street end Number or	Rural Route Number,
TED	4 Homicide determined building, etc. (Specify)		City or Town, State)	
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	, death occurred at the time, date end place, end di	ue to the cause(s) and manner es atated	
S S	one) 2 MEDICAL EXAMINER: On the beels of exemination end	or investigation, in my opinion, death occured at ti	ne time, date end place, end due to the	ceuse(e) end menner es stated.
BE 0	29b. SIGNATURE AND TITLE ON CENTIFIER	29c. LICENSE N	UMBER 29d. DATE S	SIGNED (Month, Day, Year)
10	20 NAME AND ADDRESS OF DESCRIPTION	DUS	100 3	15.46
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (828 N. Eilaw St.	Balto MA :	21201
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR			
	MAR 2.2 1996 Julia Davidson-Rond	GRAD		

DHMH-18 Rev 1/89

AL

Harman ...

Item1 3-25-96 FilmG733 W.H.Per F/H

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08271

							Ce	rtifica	te of	Death			Reg. No.		02	1 1
			1. Decedent's Name Max	v Pl	itt AK	A		-				2. Date of De	ath		3. Tim	e of Death
	Physic		MARY.	01	17	Mary	M. Kra	itt				Month	Day	o 96	0	1450
	/Medi Examir		4e. Facility Name (If not institu	tion, giva	street end nu	mber)				4b. City, To		ocation of Deat	-	ounty of Death		1
	LAGIIII		Northwest	Hosn	ital (enter				r Ra	ndal	lstown	Ra	ltimor	0	
	Funeral		5. Social Security Number	6. Se			s. last birthdey	If Und	er 1 Yea		24 Hrs.		th Da			ta or Foraign
-11	Director		215 44 0094	10]M 2⊠F	91	Yrs.	Months	Deys	Hours	Min.	8. Dete of Bir (Month, Da Dec. 2	y, Year)		vlano	ita or Foraign
	D		Usual Residence of Decedent						-							
	nylan how		10a. State 10b. Cou	nty		10c. 0	City, Town or Lo	ocation							10d. inside	e City Limits
	e Ma	Director	Md. Car	roll		Sv	kesvil	Le							1 (30)	res 2□No
	th th	ire	10e. Street and Number						ip Coda				10g. Citizer	of What Cou	ntry?	
	23a		7200 Th	ird	Ave.			2	1784	4			U.S	. A .		
	dea Lin	Funeral	11. Maritei Status			edent Ever in	U,S. 13.	Wes Dec	edent of	Hispanic Ori	igin? (Spe	ecify Yes or No		Reca - Ameri		η, .
0	or its	E	1 Never Married 2 N	arried	1 Yes	2⊠ No				ban, Mexicar		Hican, etc.)		Black, White,	etc.	
02	Surs Part.	by	3 © Widowed 4 □ Divord	ed	If Yes, Gi Year or D			1 🗆 Yes	XIXI NO	Specify:			Sp	ecify: Whi	te	
21215-0020	72 hc	Completed	15. Deced (Specify only hig	ent's Edu	cation		16a. Dece	dant's Us	ual Occu	pation	t of work	ina	16b. Kind	of Business/In		
2	thin thin	old.	Elementery/Secondery (0-12		College (lifa.	DO NOT	use retir	during mos ed)	i OI WOIKI	uig				
7	or the state of th	اق ا	High School		+2		Se	cret	ary				Surge	on Gen	eral	
pu	質しまる	Be (17. Father's Name (First, Midd	la, Last)						18. Mothe	er's Name	e (First, Middle,	Maldan Su	mama)		
Maryland	Vent Went rked rice	일	George Marti	.n						Addi	e Ga	rnet				
an	and la		19a. Informant's Name/Ralation	nship (T)	rpe, Print)		19b. Maili	ng Addra	ss (Stree	et and Numbe	ar or Rure	al Routa Numb	er, City or T	own, Stata, Zij	Coda)	
Z	alth 271		Patricia Si	ffor	d		Rt.	3 Bc	x109	96S La	ncas	ter, Va	. 225	0.3		
J.	He He		20a. Method of Disposition				Pleca of Dispo	sition (N	ama of		i	Deta	20c. Local	ion - City or To		э
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heath and Mental Hygiene. Important: if item 27 is marked other than "naturat", or items 23a or 28a-f show any Injury or other traumatic event, the Modeal Example ment be notified at once.		1 ☐ Burial 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	n 3 ∐F (Specify)	Removai from						3	/25/96	Balti	more,	Md.	
E	artm orts	21. Signature of Funerel Service Licensee 22. Name and Address of Fecility												***		
ä	Departiment of the same of the		Haight Funeral Home													
	_		P.O.Box 195 Sykesville, Md. 21784 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or hear failure. List only one cruse on each line.													11911
			shock, or hear failure. L	ist only o	ne duse on	each line.	etn. Do not en	er me m	oue or uy	ing, such es	cardiac (or respiratory a	rrest,			Between nd Deeth
)-	Physician /Medical		Immediata Cause (Final		Co	A.	6	•							63.10	1
	Examiner		disease or condition resulting in death)	9.6	74	701	Caer	nia	^						Ory	-
	- 63x E	<u></u>	53			Due to	(or as a consa	quance of):						2	MAY
	nsit	edical Examiner			o			,						i		
_5	ertificate be executed ding physician and se as the bunal-transit	xa	Sequentially list conditions, if any, leading to immediate			Due to	(or as a conse	quence of):							
68760,	sloiar bun	- R	cause. Enter Underlying Cause (Disease or injury that initiated events	₹	3											
89	ug phy as the	pa	resulting in death) Last			Due to	(or es e consec	uence of	:							
×	atth certification attending for use a	3		•	1											
Bo	attendir for use	clar												†		
o	he d the ched	Physician	Part II. Other significant cond	tione cor	tributing to d	eath but not re	suiting in the u	nderlying	cause g	iven in Part i	1.			e contribute t	o the cau	se of death?
4	res that the designed by the a	4										1 🗆	Yes 2	No 3□Pro	bably	Unknown
ds	The law requires that the death ste hes been signed by the atter page 2 should be deteched for t	d by										040 18/00	4414.420	24b W	loro auton	sy findings
Ö	v require been si should	Completed										perfo	an eutopsy rmed?	av	aiiable pri	or to
36	hes hes	du												of	deeth?	
100		S										10	Yes 20	No 1	☐ Yes	2□ No
Zit.	delan: The certificate	Be	25. Was casa referred to medi examiner?								of Daath	(Check only o	na)			
Division of Vital Records,	Physician: r this certific and director,	2	1 Yes 2N No		-		☐ ER/Outpatie	-	UA			me 5 Resi			<i>y)</i>	
n C	S 25	Certification:	27. Mannar of Death 1 Matural 5 □ Pen	ding	28a. Data (Mon	of Injury th, Day Year)	28b. Time o injury		28c. Inju			28d. Describe	how injury o	ccurred		
Sic		cat	2 Accident inve	stigation				М	1[Yas 2						
≥	of or Attendires after death. Director: After de in by the fu	E	4 Homicide data	mined	28e. Place buildi	of Injury - At ng, atc. (Space	home, farm, sti cify)	aet, facto	ry, office			28f. Location (City or To	Street and N vn, Stata)	lumber ör Run	al Routa ∧	Vumber,
	To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the	2														
	To the Hospital within 24 hours a To the Funeral Completely filled	edical	(Unack only 2013 Medic	ring Phys	nar: On the b	asis of examin	owledga, death	occurre	at the t	ime, date an opinion, dee	d place, a	and dua to the ed et the time,	cause(s) an	d manner as s	tated.	se(s)
	To the Ivithin 2. To the F	20	One)		and men	ner steted.										
	To To Con	Σ	29b. Signature and title of certi	ier				25	c. Licen	se number	1		29d. Dete s	igned (Month,	Day, Yea	(1)
			1/Ose	~ 1	M 0	>			y	19/	7 0		15/1	ocett	20	96
	19		30, Nama and addrass of person	n who co	mpiatad caus	e of death (Its	m 23a) (Type,	Print)	, (./			1	D 137	1 . —	
_	14	V	MENRY- C	170	1-	YORT	TWE	51	to	1971	AL	-CE	MIT	151	141	120001
	Sta	te	31. Date filed (Mooth, Dey 10)	76	32.6	egistjar's Sig	Sature 16									

SE SER LIPERT LET

BALTIMORE, MARYLAND 21215-00	thours after death. Page 6 may be retained by the hospital or attending program	lled in by the funeral director, page 5 should be detached for use as the hunal-transit, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending professional or attending professional profession	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funral-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						96 08272					
1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND E OF DEATH	MENTAL HYGIE	NE	to the I had					
1. DECEDENT'S NAME (First, Middle, Lest)	LMER			2. DATE OF DEATH MONTH		3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le	est birthday) IF UNDE MONTHS	DAYS HOURS MIN	5. 7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign Country) ORTH CAROLIN					
94. FACILITY NAME (If not institution, give street CHURCH HOSPITA)	,		PALTIM		9c. COUNTY						
RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY	N/A	10c. CITY, TOWN		ORE CITY		10d. WISIDE CITY LIMITS? 1 X YES 2 NO					
100. STREET AND NUMBER	Cmp nem		10f. ZIP CODE		OF WHAT COUNTRY?						
1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYPES 2 FIF YES, GIVE WAR OR DATES NOV. 21, 1950	NO.	2121. MAS DECENDENT OF HISI If yes, specify Cuben, Mas 1 Yes 2 No. Specify Cuben, Mas 1 1 Yes 2 No. Specify Cuben, Mas	PANIC ORIGIN? (Specify	Yes or No- 14.	RACE — American Indian, Black, White, atc. Specify: BLACK					
	ATION 16a. DI ((C) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIIII) (IIIII) (IIIII) (IIIII) (IIIIII) (IIIIIII) (IIIIIIII	DECEDENT'S USUAL O	OCCUPATION a during most of working)	16b. KIND OF	BUSINESS/INDUST	STEEL CO.					
17. FATNER'S NAME (First, Middle, Last)	N/A		NAME (First, Middle, Maid		SIEEL CO.						
DOUGLAS PALM		9b. MAILING ADDRES	SS (Street and Number or Ru	ADDIE H							
CORA PALMER -WIFE 1201 N. CURLEY ST. BALTIMORE, MD. 21213 20a. METHOD OF DISPOSITION 3 Removal from Stata 4 Doriflon 5 Other (Specify)											
21. 9(Shupfulne OF FUNERAL SERVICE LICEN	GARR.	ISON FO	REST VET. NAME AND ADDRESS OF CALVIN B. 1412 E. PI	CEM OV FACILITY SCRUGGS RESTON ST	VINGS M FUNERA BALT	MILLS, MARYL AL HOME CO.MD. 21213					
IMMEDIATE CAUSE (Final disease or condition	lat only ona cause on asch lin	deeth. Do not ente	er the mode of dytng, a	uch as cardlec or re	apiratory arrest,	Approximata Interval Between Onset and Death					
Sequentisily list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	resulting in death) a. DDE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditions	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? t YES 2 NO										
DID TOBACCO USE CONTRI		ATH YES ACE OF DEATH (Check	NO UNCERTA	AIN 🗆							
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetlent	3 □ DOA 4 N Nu	ER: ursing Nome 5 - Realden								
1 Netural 5 Pending 2 Accident trivestigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At h building, atc. (Specify)	28b. TIME OF tNJURY M homa, farm, street, fac	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NO 281. LOCATION (Street, Stree	eet and Number or F						
29a. CERTIFIER (Check only	tan: To the best of my knowladge, d					ause(a) and manner as stated.					
29a. CERTIFIER (Check only one) 1 MCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. SIGNATURE AND TITLE OF CERTIFIER 29c. NICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MACH. Squared of Description (Month, Day, Year)											

BALTIMORE,

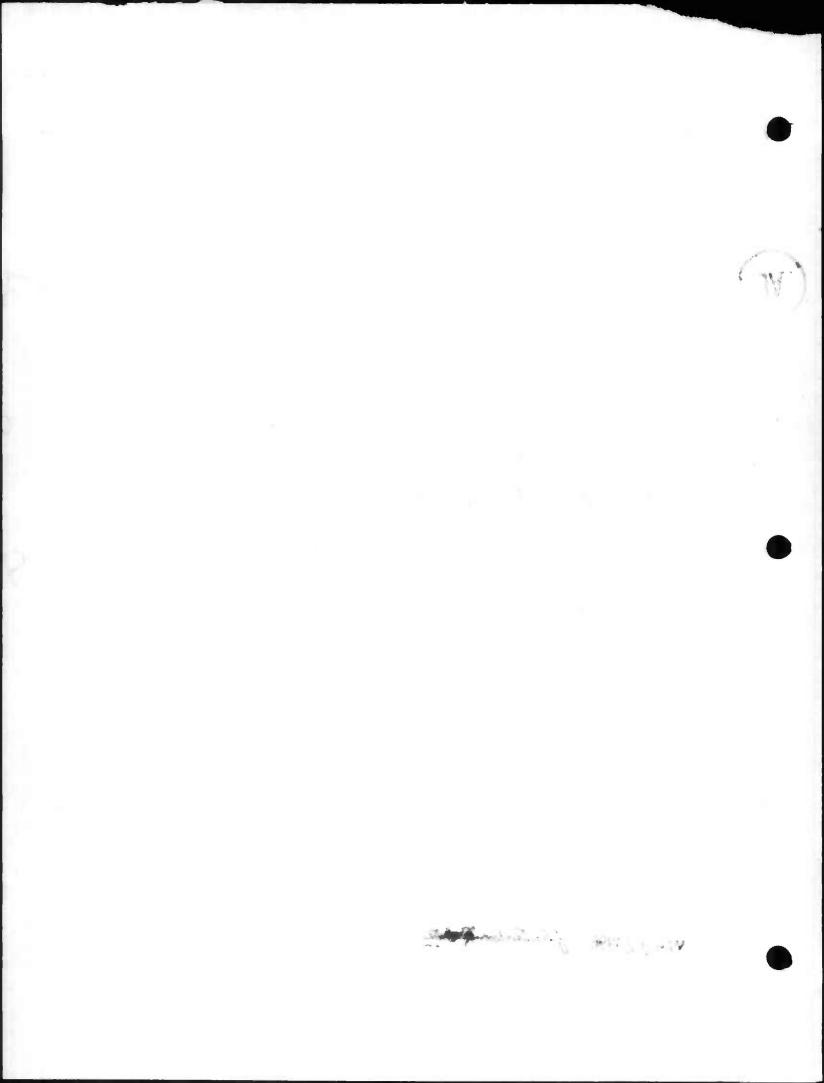
Dred . Specialist PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

JOD 3 HEGILTRAR'S

N. BROADWAY

30. NAV FT (-)
31. DATE FILED (MORTH, Day, Ibar)
MAR 2 2 1996

DNMH-16 Rev 1/89



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		State of Marylan		rificate of			Reg. No.	0	8273
Physic	ian	Decedent's Neme (First, Middle, Last)			1	2. Dete of Dea	ath Dey	Year	3. Time of Deeth
/Med		ENOS HENRY PRICE, Jr.			M	arch	19, 19		2:42 pm
Exam	ner	4e. Fecility Neme (If not institution, give street end number)			4b. City, Town, or Loca	ation of Death			
		Stella Maris Hospice 5. Social Security Number 6. Sex 7. Age (In vrs. I	1-45-4-4-3	if Under 1 Year	Towson			timo	
Funera Directo	_	5. Social Security Number 215-30-6605 Usuel Residence of Decedent	Yrs.	Months Deys	Hours Min.	Nov. 2	3,1934	9. Birthpli Count Ma	ece (Stete or Foreign ry) ryLand
P Bu			y, Town or Loca	ation				10	Od. Inside City Limits
the Maryland 28a-f show soliffed at	tor	Md. Baltimore	Owings	Mills					1 ☐ Yes 2 🕱 No
or 28 e not	Director	10e. Street end Number		10f. Zip Code			10g. Citizen of W	hat Count	ry?
23a 23a		301 Kearney Drive		211	17		us	Α	
15-0020 172 hours after death with the Marylar neturer, or items 23e or 28e-f show idlest Examiner must be notified at	/ Funeral	If Van Chia	4.0	as Decedent of H Yes, specify Cub	Hispenic Orlgin? (Specien, Mexican, Puerto Ri	ify Yes or No- icen, etc.)	14. Rece Bleck	- America k, White, e	etc.
21215-0020 d within 72 hours after prens, "neturel", or its the Medical Examini	d by	3 Widowed 4 ADivorced Year or Dates: 195/-	59					wn	ite
15. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Completed	15. Decedent's Education (Specify only highest grede completed)	(Give kl	nt's Usuel Occup Ind of work done O NOT use retire	during most of working	7	16b. Kind of Bu	siness/Ind	ustry
212 swiths perio. Then the Me	E O	Elementery/Secondery (0-12) College (1-4or 5+)		ts Mana	•		Retail	Auto	Sales
	Bec	17. Fether's Neme (First, Middle, Lest)			18. Mother's Name (First, Middle,			
Maryland 42 should be tile h and Mental Hy 7 is marked othe traumatic event	ToE	Enos Henry Price, Sr.			Mary E	. Pent	on		
Alar 2 sho and is me		19e. Informent's Neme/Reletionship (Type, Print)	19b. Mailing	Address (Street	end Number or Rural	Route Numbe	r, City or Town,	State, Zip	Code)
Dan Pare		Laura M. Fink		i Oak Ct	. Reister	-		136	
9 45 35		1 XBurial 2 Cremetion 3 Removel from State		story or other ple		Dete	20c. Location - 0		
3片龍				Cemeter		2-96	Baltin	iore,	Ma.
B Sun Sun Sun Sun Sun Sun Sun Sun Sun Sun		21. Signeture of Funerel Service Licensee C - Bruan Powell	100	Name end Addre	ral Home		istersto rstown,		oad 21136
1000		23a. Part1. Enter the disease, or complications that caused the deeth shock, or heart feilure. List only one ceuse on each line.	n. Do not enter	the mode of dyl	ng, such as cerdiec or	respiretory er	rest,		Approximete intervel Between
Physician /Medical Examiner	ı	Immediate Cause (Finel disease or condition Prostate Can	ncer						Onset end Death 10 months
LAMITIMICI		resulting in death) e	r es e consequ	ence of):					
bet lad	nine	b						-	
68760, ficate be executed physician and street bunel-trensit	Examiner	Sequentielly list conditions, if eny, teeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury	r es e conseque	ence of):				1	
68760, ficate be ex physician is the burie	edical	trial stitution events	r es e conseque	ence of):				-	
= 00		resulting In deeth) Lest	03 0 001130440	snoo ory.					
Box seth cert attendin for use	an	d						-	
the dee	Physician/M	Pert II. Other significant conditions contributing to death but not resu	ulting in the und	derlying cause git	ven in Pert I.	23b. Did t	obacco use con	tribute to	the cause of death?
IS, P.O. BOX (se that the deeth certifi igned by the attending be detached for use er	by Phy					101	res 2 No	3 Prob	ably 4 Unknown
I Records, P.O. Box The law requires that the deeth cert te has been signed by the attending page 2 should be detached for use.	Completed						en autopsy med?	eva	re autopsy findings ilable prior to appletion of cause leeth?
The law	Eo					101	es 20 No	1□	Yes 20/No
	Be	25. Wes cese referred to medical examiner?			26. Plece of Death	Check only o	ne)		
Division of Vital Records, or attending Physician: The law requires the after death. Director: After this certificate has been signed in by the funeral director, page 2 should be or	L 2	1 Yes 2 Yeo Hospitel: 1 Inpatient 2 I 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year)	ER/Outpatient 28b. Time of Injury	3□ DOA Oth			lence 6 Dothe now injury occurre		Hospice
Sio teath for: A	cat	2 Accident investigation 3 Suicide 6 Could not be			Yes 2□No				
DIVISION Attended to a street death of the control	Certification:	determined 4 Homicide determined 28e. Place of Injury - At ho building, etc. (Specify		et, fectory, office	28	City or Tow	Street end Numbe m, Stete)	r or Hural	Houte Number,
To the Hospital of within 24 hours at To the Funeral D completely filled is	edicai	29a. Certifier (Check only one) Certifying Physician: To the best of my know and memory steed. Check only one)	wledge, deeth c tion end/or inve	occurred at the tile stigation, in my o	me, date end plece, en opinion, deeth occurred	d due to the d	cause(s) end med date end piece, e	nner es sta nd due to	ited. the cause(s)
Vithii To th	×	29b. Signeture)and title of certifier		29c. Licens	se number		29d. Dete signed	(Month, E	Jey, Year)
		Exonable Charles	ws	D3	5043		0/19/	96	
		30. Name and eddress of person who completed ceuse of deeth (Item							
				alley R	d. Towson	, MD 2	1204		
St Regist	ate rar	31. Dete filled (Month, Dan Yeer)	illes						1

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State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Dey **Physician** John Thomas Ross March 22, 1996 7 a.m. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Reisterstown 420 Church Road If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Yeer Birthpiece (State or Foreign Country) **Funeral** Deys Months 1 M 2 □ F 76 Yrs 215-03-1570 Director Oct. 16,1919 Maryland Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Reisterstown Md. Baltimore 1 Yes 2 No Directo 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? U.S.A. 21136 420 Church Road Funeral 12. Wes Decedent Ever in U,S.
Amped Forces?

1 ঐ Yes 2 □ No
If Yes, Give
Yeer or Detes: WW II Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Meritei Status 14. Rece - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Merried ò Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 1 Divorced "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry be filed within Elamentary/Secondery (0-12) College (1-4or 5+) Hygiene. Equipment Operator Balto. Co. Highway Dept. 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be and Mental Sylvia V. Turnbaugh marked Pages 1 and 2 should by ment of Health and Menta ant: If frem 27 is marked John Charles Ross 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 418 Church Rd., Reisterstown, Md. 21136 Sharon A. Koenig 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Pages Department of Important: If it any injury or c 1 Buriel 2 □ Cremetion 3 □ Removel from Stete Maryland Veterans Cem. Mar. 25,1996 Owings Mills, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens 22. Neme end Address of Fecility Eckhardt Funeral Chapel 21117 23a. Perf1. Ento the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest,

Approximate

Approximate Approximete Physician Immediete Ceuse (Final diseese or condition resulting in deeth) /Medical en capha to pathy Examiner Physician/Medical Examiner Cardiac law requires that the deeth certificate be executed physician and s the buriel-transit Sequentially iist conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initiated evants resulting in death) Lest Division of Vital Records, P.O. Box 68760, Due to (or es a consequence of) USe signed by the a d be detached t Pert II. Other eignificant conditions contributing to death but not resulting In the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed ils certificate has b il director, page 2 s' 1 Yes 2 No 2 No 1 Yes Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatlent 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No After this funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred 1 Natural 5 Pending or Attendination of the death. 1 Yes 2 No investigation 2 Accident 6 Could not be datarmined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicida filled in 24 hours Medical 29e. Cartifier 🗠 Certifying Physician: To the best of my knowladga, death occurred at the time, dete end plece, end dua to the ceuse(s) end mannar es statad. To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the best of my knowledge, death occurred at the finite, determined to the course, and due to the course, and due to the course of the best of axaminetion end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) end menner stated. (Check only one) 29b. Signature and little of o 29d. Deta signed (Month, Day, Year) 29c. License number 025205 30. Name and addgess of pen deeth (Item 23e) (Type, Print) GBMC 6701 N. Charles Stree Balto, md 2,7204 MAR 2 2 1996 State Registrar

DHMH 16 Rev 6/95

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Dete of Death MARC ty Neme (If not institution, give street and number) 4b. City. Town, or Location of Death Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) Days Hours 1□M 25 F 61 Yrs. 578-44-7430 Jan.7,1935 North Carolina Usuai Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel 1 ☐ Yes 21 No 3608 Branhum Road, Edgewater 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3608 Branhum Road 21037 USA Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Was Decedent Ever in U,S Armed Forces? Race - American Indian, Bleck, White, etc. 11. Meritei Status 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Yes 2 No Specify: Specify: White 3€NVidowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary 10 U.S. Senate 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Arvel Lee Farlow Ruth Pauline Propest 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vickie Eckard 3221 Hunting Creek Road, Huntingtown, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremation 3 ☐ Removal from Stete Trinity Memorial Gardens 3/22/96 Waldorf, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Hardesty Funeral Home, P.A. 21. Signeture of Europal Sovice 12 Ridgely Ave. Annapolis, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Immediete Ceuse (Final disease or condition resulting in death) sevu Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1) Yes 2 No 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes en autopsy 1 Yes 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) atlent 3 DOA

Physician Examiner burial-transit requires that the death certificate be axecuted

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Hospital or Attendi
 24 hours after death.
 Funeral Director: A

To the Hospital within 24 hours a To the Funeral C completely filled

filled in by tha funaral

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Certification:

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/Medical

Examiner

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Funeral

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7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Medical Examiner must be notified at

ages 1 and 2 should be filed within 72 hours after of Health and Mental Hygiene.

Imore, Maryland 21215-0020

death with the Maryland

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest

5. Wes case referred to medical examiner?		
1 Yes 2 No	Hospitel: inpatient	- C = - :
I Les SEMAO	inpatient	2 L ER/Outp

27. Manper of Deeth Neturei 5 Pending investigation 2 Accident

28e. Date of injury (Month, Day Year) 6 Could not be

28b. Time of

28e. Placa of injury - At home, ferm, street, factory, offica building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No 28d. Describe how injury occurred

200.	(Check only	
	OCHE C.	

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) and menner stated.

29b. Signature and title of certifie eger, mo 29c. License number

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

and address of person who completed cause of deeth (item 23e) (Type, Print)

owersville RR West River, MD 20778 32. pogistrar's Signature

State Registrar



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the Property of the party of the property of t

BALTMORE, MARYLAND 21215-0020	hours after deals. From 6 may be wained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the turners of mountained in the first of the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	madical and an analysis and an
DIVISION OF VITAL RECORDS, P.O. BOX 68760	FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation,	. If item 28 is marked or Man 23 shows any injury or other traumatic event the medical assembled as account.

		STATE OF MARY	fih Land / Dep	ARTMENT	OF HEALTH A	ND MENTAL HYGIE	96	08276				
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last LEMON EA		CERT		OF DEATI	REG. N 2. DATE OF DEATH MONTH	10.	3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER 215-60-4569	5. SEX 6. AGE	41 yrs. lest birthde	MONTHS		HRS. 7. DATE OF BIRTH	8, Bit	NET OPS, NC				
OR	1832 E. 28 th	STREET		9b. CITY,	BALTIMOR		9c. COUNTY OF					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c.	CITY, TOWN OF				10d. INSIDE CITY				
	MD 10a. STREET AND NUMBER	n/a			BALTIMOR	<u> </u>	1 ☐ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	1832 E. 28 th					21218	UNITED STATES					
В	1 Never Married 2/ Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 W NO	11	yes, specify Cuban,	HISPANIC ORIGIN? (Specify Maxican, Puerto Rican, etc.) Specify:						
LETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed) Collège (1-4 or 5+)	Iffe. Do NO	T'S USUAL OCT of work done du T use retired.)	uring most of working		16b. KIND OF BUSINESS/INDUSTRY					
E COMPLEI	17. FATHER'S NAME (First, Middle, Lest) FRANK RHODE	S	1 0.	JAULLE		R'S NAME (First, Middle, Maid	various on sumamo) ORHAMES	trades				
	194. INFORMANT'S NAME (Type/Print) MATTIE DARDE	N	195. MAILE 183		(Street and Number of 28 th	Rurel Route Number, City or 1 STREET. BAL						
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State Complete Co											
ERTIFICATION	23. PART I. Entar the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR AS	each line.	4 V	ANUCS		ipiretory arrest,	Approximata Interval Between Onset and Daath				
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. Acquire		LUI on: onuwa	Defice	soucy Syl	ndroux	19n. 24ns.				
DICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	d. Acquire	A CONSEQUENCE	LUI OF): OMUNZ og In the und	DEXIC	en in Part I. 24a. WAS / PERF	AN AUTOPSY 2 ORMED?	2415. 245. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 -NO				
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL	d. Acquire	A CONSEQUENCE	LU, OF): OMUNC g In the und	DeXiderlying cause giv	en in Part I. 24a. WAS / PERF	AN AUTOPSY 2 ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEDICAL C	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS d. ACQUIRE ona contributing to death TRIBUTE TO CAUSE (HOSPITAL: 1 Inpatient 2 ER/Out	but not resultin	YES NEATH (Check or	lerlying cause giv	en in Part I. 24a. WAS PERF 1 YES RTAIN D There is a Other (Specify)	AN AUTOPSY 2 PMO 2	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO				
D BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OS-OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS d. ACQUING ona contributing to death TRIBUTE TO CAUSE (HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	but not resulting DF DEATH 26. PLACE OF DI tipatient 3 DOA 28b. 1	YES NEATH (Check or OTHER: 4 Number NJURY)	lerlying cause giv	PERFORM STORY Sence 6 Other (Specify) 28d, DESCRIBE HOV	AN AUTOPSY ORMED? 2 2 HNO V INJURY OCCURED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO				
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Natural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident 1 Netural 1 Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS d. ADJUING ona contributing to death TRIBUTE TO CAUSE (HOSPITAL: 1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	but not resulting DF DEATH 26. PLACE OF DI tperient 3 DOA 26b. 1	YES NEATH (Check or 4 Number 1981) Mulling In the und	lerlying cause giv	en in Part I. 24a. WAS J. PERF. 1 VES RTAIN 2 Sence 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, Ste	AN AUTOPSY ORMED? 2 HNO 2 HNO of land Number or Run tele)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 -NO				

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondale

31. DATE FILED (Month, Day, Year)

MAR 2 2 1996

Entaw St. Batter



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

			1					1					
į	1. DECEDENT'S NAME (First		1 1			2. DATE OF DEATH	YEAR	. TIME OF DEATH					
		MAS	Edwa	1Rd	K	adds	INS			20,19		7 43 PM	
	4. SOCIAL SECURITY NUME	BER		AGE (In yrs. In		UNDER 1 YE		MIN.	7. DATE OF BIRTH (Month, Day, Year)	,	8. BIRTHPL Country	ACE (State or Foreign	
- 1	214-20-021	5	1 💢 M 2 🗌 F	68	YRS.	MINS UM	HOURS	wire,	July 24, 1	927	Virg	ginia	
	9a. FACILITY NAME (If not in	natitution, give	street and number)		98	. CITY, TOV	WN OR LOCATI	ON OF DE			c. COUNTY OF DEATH		
DIRECTOR	Joseph Rich	hey Ho	spice			Balt	imore	Citu		N/A			
5													
뷬	10a. STATE	10b. COUNT			10c. CITY, T	OWN OR LO	OCATION		,			0d. INSIDE CITY LIMITS?	
	Maryland		Baltimore						hase			YES 2 NO	
₫	10e. STREET AND NUMBER						101. ZIP COD				ZEN OF WHAT COUNTRY?		
	137 Day Coo	ach Ci	_						1220	_	ited States		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X	Manual val	12. WAS DECEDENT E FORCES7 1			13. WAS	DECENDENT (OF HISPAN	IC ORIGIN? (Specify Years, Puarlo Rican, etc.)	or No-	14. RACE American Indian, Black, White, etc.		
BY	3 Widowed 4 Divo		IF YES, GIVE WAR				YES 2 X NO				Specify:	white	
			lanana.	1			eratili.				writte		
COMPLETED	(Specify onl	EDENT'S EDU y highest grad		(0	ECEDENT'S US	done during	PATION g most of worki	ng	16b. KIND OF BU				
ا ۲	Elementary/Secondary (0-12)	College (1-4 or 5+)		o. Do NOT use n								
Ž	8 Years			6	Boilmak	rer			Indus				
3	17. FATHER'S NAME (First, M	- 1.0							ME (First, Middle, Malden				
	Jesse Ray 1		ls.			Emola Virginia Tammer							
2	19a. INFORMANT'S NAME (19	b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Mrs. Ruth		bins		137 Day Coach Circle Chase, Maryland 21220								
	20s. METHOD OF DISPOSITION 1 Surial 2X Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complety) crematory or other place)											, Stata	
	1 Burial 2X Cremation 3 Ramoval from Stata Complety, Crematory or other place) Hilltop Service Corp. 3/22/1996 Towson, Mar.												
	21. SIGNATURE OF FUNDA	L SERVICE U	CENSEE	01	11	22 NAME	E AND ADDOE	SEC OF EAC	eral Home				
1	DI MA	_//	n to	- 1		700	o filica	Aug	Dundalh	Ma	hell and	1 01000	
												Approximete	
	shock, Dr heart fallure. List only one cause on each line.												
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to one and consequence of the conseq											Onset and Death	
	reaulting in death)	→	DUE TO (O	R AN ACONSE	COLLENCE OF	9	VYPV	251				minute	
			Dist. 10 (0	V	ODERCE OF).	/							
o l	Sequentially list condit		b. DUE TO (O	R AS A CONSE	ISEQUENCE OF):								
FA	If any, lastling to imme cause. Enter UNDERLY										j		
윤	CAUSE (Disease or Inju	ary	c. DUE TO (O	R AS A CONSE	OUENCE OF):		/					1	
CERTIFICATION	resulting in death) LAS	т	. /	ymp	hound	1/1	Make	civ	7114			1 Junes	
CE	-				`							1 mes	
MEDICAL	PART II. Other algorifica	ent conditio	ns contributing to di	aath but not	reaulting in t	the undar	lying cause	given in	In Part I. 24s. WAS AN AUTOPSY PERFORMED?			YERE AUTOPSY FINDINGS	
									1 🗀 YES 2	-HO		OMPLETION OF CAUSE OF DEATH?	
												☐ YES 2 ☐-MO	
÷ l	DID TOBACCO L	JSE CONT	RIBUTE TO CAU	SE OF DEA	ATH YES	☐ NO	UNO	CERTAIN	18				
Z	25. WAS CASE REFERRED T	O MEDICAL		26. PLA	CE OF DEATH	(Check only	one)						
PHYSICIAN:	EXAMINER?		HOSPITAL:	R/Outpetlant	3 DOA 4	THER:	Home 5 R	aaldenca	8 Other (Specify)	605	-DIC	0.	
¥	27. MANNER OF DEATH		28a. DATE OF IN		28b. TIME C	F 28c	INJURY AT		26d. DESCRIBE HOW I	NJURY OF	gimen		
		Pending Investigation	(Month, Day,	rear)	INJUR		WORK?	NO NO			/		
B	2 Accident 3 Suicide		28a. PLACE OF I		ome, farm, atre	et, tactory,	office		28f. LOCATION (Street	and Numbe	er or Rural Rou	ita Number,	
	4 Homicide	Could not be datarmined	building, at	c. (Specify)					City or Yown, State)				
Ш	29a. CERTIFIER												
COMPLET	(Check only		SICIAN: To the best of m										
8			ER: On the basis of axer	mnation and/or	investigation,	in my opinie	on, death occu	ired at the	time, data and placa, ar	id dua to t	he cause(a) a	and manner as stated.	
ш	296. SIGNATURE AND TITLE	CH CENTIFU	th //				29c. LIC	ENSE NUN	IBER	9		Aonth, Day, Year)	
0 B	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1750, Print) (Obx V + C, Lucula MD 8 > 8 W. Eather St. Ralto Md 2120 31. DATE FILED (Morth Day Was)												
CODENT C. LUWIA MD 878N. Edlews 4. Kg/to 1									Md	2120			
	WAR 9 2 19	16°	32 PEGISTRAR	SCIENATURE	2.								
	THE 7.6 19	10	1400/*	A Parket									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

100	LH U-/3.	-/	22/96 t.t 1. Decedent's Neme (First, Middle,			Ce	ertificat	e of	Death		Mental Hyg	eg. No.) 8 2 7 {
	Physic		JOHN J.		I	REEDE	?				Month	Dey	Year	1:45 A
	/Medi Examir		4a. Facility Name (If not institution,	give street and num	nber)				4b. City, To	wn, or L	ocation of Deeth	4c. Count		
			14602 black				. Willand		MT. A				ERICK	
20	Funeral Director	-//	5. Social Security Number UNKNOWN Usuel Residence of Decedent	Sex 1X∑M 2□F	7. Age (In yr. 63	s. last birthda Yrs.	Months		If Under Hours	Min.	8. Date of Birth (Month, Day, 12/23/3	Year) 32	9. Birthplace Country) MARYL	(State or Foreign
	ith the Maryland or 28a-f show se.notified.st	ctor	10e. Stete 10b. County MD FREDER	ICK		City, Town or								Inside City Limits
	Pa no	Funeral Director	10e. Street and Number				10f. Zip		771		1		What Country?	
	ns 23a must	eral	14602 BLACK ANK	LE RD.	dent Ever In	IIC 12	Was Dagg		771	ala? /Sa	acity Vac or No.	USA	ce - American Ir	ndlen
020	swithin 72 hours after death with the Marylar tiens. Than "natural", or items 23a or 23a-f show the Medical Exeminer must be notified at	by	1 □ Never Married 2 □ Merried 3 □ Widowed 4 ② Oivorced	Armed For	rces? 2 No				Specify:	, Puerto	ecify Yes or No- Rican, etc.)		ck, White, etc.	
2-0	72 ho naturi dicel J	eted	15. Decadent's (Specify only highest	Education		16a. Dec	edent's Usue re kind of wo DO NOT us	ol Occup	etion	of work	ina	16b. Kind of B	usiness/industr	
121	within ene. than the	Completed	Elementery/Secondery (0-12)	College (1	-4or 5+)			se retired	d)	Or WORK	n ig	UNKN	OTATINI	
d 2	黄花霉草		12th GRADE 17. Fether's Neme (First, Middle, La	ist)		UN	KNOWN	-	18. Mothe	r's Nam	e (First, Middle, M			
aryland 21215-0020	Mental Mental arked o	To Be	WILLIAM RAYMON	D REEDER	, SR.						LLER			
dan	and and a		19e. Informent's Neme/Reletionship				_				al Route Number		, Stete, Zip Coo	ie)
e,			WILLIAM R. REEDE 20e. Method of Disposition	R, JR.	20h	865 Place of Dis	2 ROCK		K ROAI) B	ALTIMORE		21234 - City or Town,	State
Ĕ/	P 3		1 ☐ Buriel 2 ♣ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe		Stete	cemetery, cr	emetory or o	ther ple		2			VILLE,	
Baltimore	1111111		21. Signature of Funerel Servica Lice				22. Name en				/19/90	CATONS	ATPPE'	MD
ä	Deg man		120	-/			JOHNSC				ME 8521	LOCH	RAVEN B	LVD.
Į.			23 271. Enter the disease, or co shock, or heart feilure. List or	emplications that cally one cause on e	aused the dea	ath. Do not e	TOWSON	e of dylr	D 212 ng, such es	cardiec	or respiratory erro	est,	Apr	proximete ervel Between
)	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	ARTERIO			33.74.375	AR D	ISEASE	AND	HYPOTHERMI	A	One	set and Death
	Charles	ner			Due to	(or es e cons	equence of):						1	
oʻ	be executed sician and burial-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Due to	(or es e cons	equenca of):							
68760,	the the	Aedical	Ceuse (Disease or Injury that Initiated events resulting in deeth) Last	c	Due to	(or as a conse	equence of):							
Box	that the death certifica ed by the attending ph detached for use as th	Physician/Med		d										
0	he dex	yslc	Pert II. Other significant conditions	contributing to de	ath but not re	sulting in the	underlying c	ause giv	en in Pert I.		23b. Did to	bacco usa co	ontribute to the	cause of death
o,	es that tigned by	by Ph									1 🗆 Y	98 2□ No	3 Probably	Unknow
Records	requir been s should	Completed t									24e. Wes e perform		aveilab	outopsy findings le prior to otion of cause h?
	The law ate has b page 2 s	Com									Paye	s 2 No	Die	s 2 No
VITA V	Physician: The la this certificate ha	Be	25. Wes case referred to medical exeminer?	Hospital:				015	3115	of Deet	h (Check only on	ө)		
o	00	. To	Yes 2□ No 27. Manner of Deeth	Hospital: 1 🗆 Ir		ER/Outpati			4 LI NU		me 5 Reside			
on	Attending in death. actor: After by the fune	atlor	1 ☐ Netural 5 ☐ Pending XXI Accident Investige	(Mont)	h, Dey Year)	UNK NOW		8c. Injur Wor 1 □	k? Yes 2)() (1		SUBJECT EX			MENTAL COL
	P S S S	Certification:	3 Suicide 6 Could no determine	be 28e. Plece building	of Injury - At I	home, ferm, s ify) HOME	treet, factory	, office			28f. Location (St. City or Town	, Stete) 146	ber or Rural Ro 02 BLACK	ute Number, ANKLE RD.
	To the Hospital within 24 hours a To the Funeral I completely filled	edical (Check may Medical Ex	Physician: To the la	sis of examin					d plece,	end due to the ca	use(s) end m		
	To the I	Med	29b. Signatury and title of certifier	and mann	er steted.				e number				ed (Month, Dey,	
	F 3 F 8		6 O ALL	Lorda	d	4)			.C.M.	Ε.			18, 19	
	3		30. Name and address of person wh	o completed cause	of deeth (Ite	om 23e) (Type 11 Pe	enn Si				imore,			
		te	31. Dete filed (Month, Dey, Yeer)	32 0	gistrar's Sign	nature		-						

ner month of any of the transfer of the party and the second

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** HOWARD WALTER REESE MARCH 18, 1996 5:40PM /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 6. Sex 1 M 2 □ F If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month Day, Year) 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign
Country) **Funeral** Months Deys Hours Min. 153-09-3336 Yrs Director MARYLAND Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE COCKEYSVILLE 1 Yes 2 No Director MARYLAND 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ed other than "natural", or items 23s or event, the Medical Examiner must be 8 PICKBURN COURT 21030 USA Funeral 12. Wes Decedent Ever In U,S.
Aggred Forces?

1 ☑ Yes 2 ☐ No
If Yes, Give
Yeer or Dates: ₩₩ II Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, Bleck. White, etc. filed within 72 hours after 1 Never Married 2 Married aryland 21215-0020 1 ☐ Yes 2 No Specify. þ 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. MANAGEMENT 10th GRADE PAINT CO. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) 2 should be fill h and Mantal H Be WALTER REESE ALMA BURNS 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 21201 ROBERT L. HUMPHREYS, JR. 210 NORTH CHARLES T. SUITE 610 BALTIMORE, MD 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 Burial 2 □ Cremetion 3 □ Removel from State 3/22/96 WOODLAWN CEMETERY WOODLAWN, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22 Name and Address of Facility
JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 23 Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, hock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) elogenus Leykomia Examiner Examiner lodys physician and the burial-transit the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Physician/Medical Due to (or es e consequence of): 80 USB 0 signed by the e P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peed has certificate 1 Yes 22 No Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certifical director, 25. Was cese referred to medical examinar? 8 26. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 2 1 Yes 1 Impatient 2 ER/Outpatient 3 DOA funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 1 Neturei 5 Pending 1 Yas 2 No Investigation 2 Accident 6 Could not be detarmined To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by the 3 Suicide 28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of exemination end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner steted. 29e. Certifie Medical 29b. Signeture end title of certifi 29c. License number 29d. Dete signed (Month, Day, Year) OXI 30. Name and eddress of person who completed ceusa of death (Itam 23a) (Type, Print) N Challer ST DAIL 32 Registrate Sign 31. Dete filed (Month, Day, Year) State

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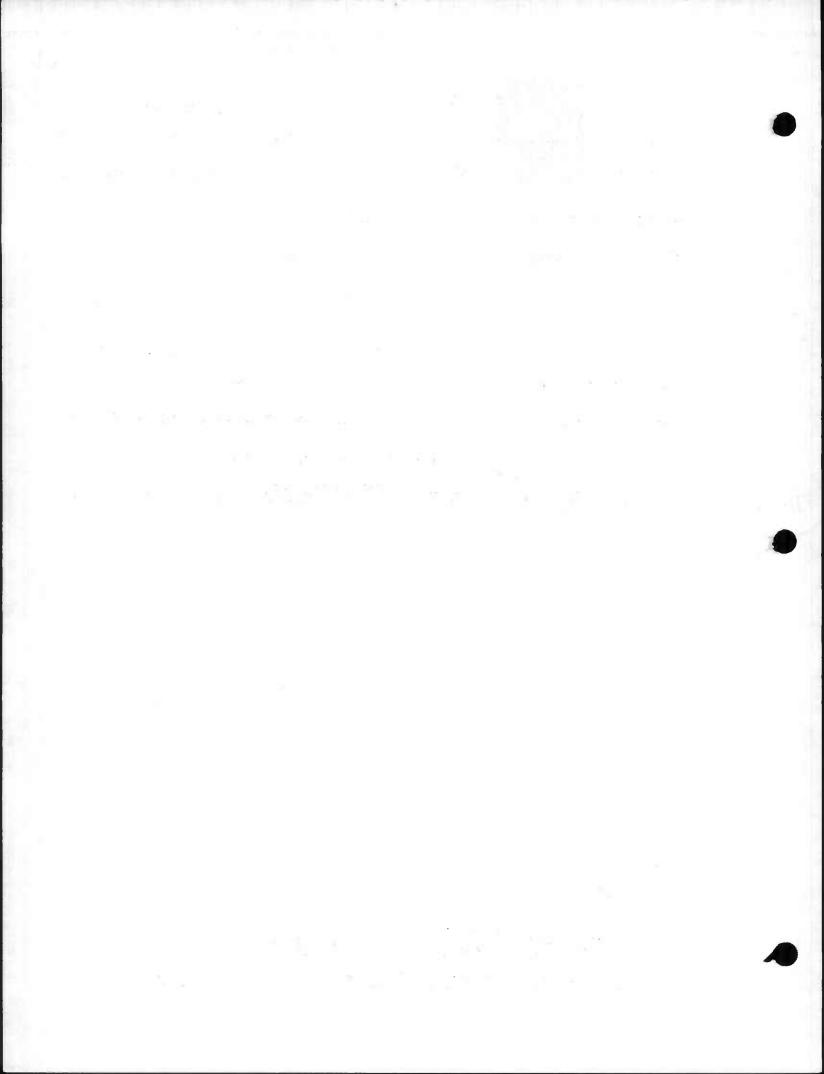
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State of Maryland / Department of Health and Mental Hygiene Q 6

						Certi	ificate of	Death			Reg. No		U	00	200
	Physic	ian	1. Decedent's Nama (First, Middle, La	Mary A	. Ruby					2. Date of De Month	ath Da	y	Year		e of Death
	/Medi Exami	cal	4a. Facility Name (If not institution, gh		• 111111		1	4b. City, To		March coation of Deat	_		of Death		L5 AM
Ĺ	Exami	iei	Manor Care Towson	TO THE CONTRACT OF THE CONTRAC					owson					Cour	nty
	Funeral Director		5. Social Security Number 220–09–4778 Usual Residence of Decedent	Sex 7. Ag 1 □ M 2XCXF	a (In yrs. last t 90		If Under 1 Yea Months Days		Min.	8. Date of Bir (Month, Da Aug 12			Coui	place (Sta ntry) yland	te or Foreign
	yland		10a. State 10b. County		10c. City, To	wn or Loca	ition						T.	10d. Inside	City Limits
	Ba-f el	Director	Maryland Baltim	ore		Pa	arkvill	е						1 🗆 Y	es 2 No
	th with the		10e. Street and Number 2714 Kildaire Dr	ive			10f. Zip Code	2123	34		10g. Citizen of What Country? USA				
020	d 2 should be filed within 72 hours after death with the Maryland Ih and Mental Hygiene. 7 Is marked other than "nature!, or items 23s or 23s-f show traumatic event, the Medical Exametr count be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3000Widowed 4 Divorced	12. Was Decedent Armed Forcas? 1 Yes 201 if Yes, Giva Yaar or Dates:			as Decedant of res, specify Cul			ecify Yas or No Rican, etc.)	-	Biad	e - Ameri ck, Whita, : whi		
5-0	72 h	Completed	15. Decedent's E (Specify only highast gre		16	(Give kit	nt's Usual Occu	during mos	it of worki	ing	16b. K	and of Bu	usiness/In	ndustry	
12	within ene. then	mpj	Elamentary/Secondary (0-12)	College (1-4or 5		#⊕. DC edit (NOT use retir	ed)			K	atz	Jewe	elers	
Maryland 21215-0020	should be filed withing and Mental Hygiene. marked other than kimatic event, the Mental Hygiene.	To Be Co	12+ 17. Father's Name (First, Middla, Last Stephen Lee Arma		CI	caro	Olcik		er's Name	e (First, Middle,					to do to
	and 2 shou eaith and N n 27 le mar	_	19a. Informent's Neme/Relationship (**			Address (Stree			Route Numb				o Code)	
Bakimore,	permit. Peges 1 and 2 Department of Health a Important: if item 27 le any injury or other tra		20a. Mathod of Disposition 1 XBurial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Special		cemel	tery, crema	ion (Name of tory or other pla ge Ceme		3,	Date /22			City or To	own, State	
Rak	Departi Importi any inj		21. Signature of Funeral Service Uce	/ / -	le	Bu	Nama and Addi rgee—He 31 Fall	nss Fi	inera	1 + i moro	M=	aryla	and 2	21211	APPENDED TO SERVICE OF THE SERVICE O
	Physician		23a. Part 1. Enlar the dubast or com shock, or heart tayura. List only	plications that valued one cause on each iir	the death. Do	o not enter	the mode of dy	ing, such as	cardiac	or respiratory a	rrest,		-	Approxir Interval Onsat a	nata Between nd Daath
A	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	14-	TN										
1		P.	resoluting in dealth)		Due to (or es	a conseque	ence of):						 		
68760,	death certificate be executed e attending physician and od for use es the bunal-transit	edical Examiner	Cause (Disease or Injury that initiated events C.												
×	leath certificat attending phy I for use es th														-
ם מ	t the deat by the atte	Physician	Part II. Other significant conditions of	ontributing to death bu	ut not resulting	in the und	erlying cause g	iven in Part I	1.	23b. Did	tobacco	uae co	ntribute t	o the cau	se of death?
7	es thet th igned by be detect	by Phy	dementia			-				10	Yes 2	2□ No	3 □ Pro	bably 4	Unknown
Hecords,	been s	Completed								24a. Was perfo	an auto rmed?	psy	av cc	ere autop valiable pri ompletion death?	sy findings or to of cause
	0 - 0	Com								10	Yes 2	1 No	1	□ Yes 2	No
У паі	Physician: The I rhis certificate he rai director, page	Be	25. Was case referred to medical examiner?	Hospital:			To	-	of Death	h (Check only o	one)				
0	Physical direction	tlon: To	1 Yes 22 No 27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigation	28a. Date of Injui (Month, De)	ry 28b	Outpatient Time of Injury	28c. Inju			me 5 Resi 28d. Describe				fy)	
DIVISION	Hospital or Attending 24 hours after death. Funeral Director: Afte stely filled in by the fune	Certification:	2 Accident investigation 3 Suicide 8 Could not be determined	e one Diese et lei	ury - At home, c. (Specify)	fam, stree				28f. Location (City or To	Street al wn, State	nd Numb e)	er or Run	al Route A	lumber,
	To the Hospital or At within 24 hours after of To the Funeral Directompletely filled in by	edicai C	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best on niner: On the basis of and manner sta	exemination e	ge, deeth o end/or inves	ccurred at the t stigation, in my	ime, dete en opinion, dee	od plece, o	end due to the ed at the time,	ceuse(s date an) end ma d piace,	inner as s and due t	stated. to the caus	e(s)
	To the within 2 To the comple	Me	29b. Signatura and title of certifier	1			29c. Licar	se number	. /	T	29d. Da	ite signe	d (Month,	Day, Yea	7)
1			-10	A V	NO.		Di	1110	4		-	321	.96		
			30. Name and address of person who	de - 7	\$25	(Type, Pri	Le Re) -	رس	son M		21	200	€.	
	Sta Registr	-	31. Date filed (Month 1996 ear)	Chia Dasiplantie	nd Signature										



State of Maryland / Department of Health and Mental Hygiene

29d. Data signed (Month, Day, Year) MARCH 20,1996

_					y	Cer	tificate	of L	Death	····Oilitai II	Reg. No.	96	08281		
	Physic /Med		Decedent's Neme (First, Middle, Li RICHARD	ast)		SATTER SATE	FIELD J	R. D		2. Data of to Month MAR(1996	3. Time the 21:50		
	Exami		4a. Facility Name (If not institution, gi	Market Salar Market Salar						Location of Dec	eth 4c. Cour	ity of Death			
			2300 BLK. HOM				lf I ladas d 1		BALTIMO			N/A			
	Funeral Director			Sax 1 M 2 F 7. Ag	ge (In yrs. les 26	st birthday) . Yrs.	If Undar 1 Months	Days	if Under 24 Hr. Hours Mir	8. Date of E (Month, L JULY	oey, Year) 5,1969	9. Birth Cou MA	plece (Steta or Foreig intry) RYLAND		
	hend wo		10a. State 10b. County		10c. City,	Town or Loc	cation		<u> </u>				10d. Inside City Limits		
	he Meryland 28a-f ehow ctiffed at	ţō	MARYLAND N	'A		BA	TTTMO	ORE	CITY				1□Yes 2□No		
0	100	Director	10a. Street and Number		1		10f. Zip Co		0222		10g. Citizen o	f What Cou	intry?		
14	E and	ai D	2309 HOMEWOOD	AVENUE			2	212	18		U.S	U.S.A.			
6	If, or flams	by Funeral	11. Marital Status **Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yas 2 If If Yes, Give Year or Dates:			Vas Deceden Yes, specify ☐ Yes 202			Specify Yes or Nation (1997) Specify Yes or Nation (1997)	No- 14. R B	lack, White	ican Indian, , etc. BLACK		
9-0	n 72 hours "natural", edical Ex	pet	15. Decedent's E	ducation		16a. Deced	ent's Usual C	Occupa	tlon	12.00	16b. Kind of Business/Indu		ndustry		
21215-00	within ene. then the	Completed	(Specify only highest gr Elementary/Secondary (0-12) 12TH	College (1-4or N A	5+)		(Give kind of work do iife. DO NOT use rel SPHALT II		u <i>ring</i> most of w		BRYN	AWET.	CO		
		BeC	17. Father's Name (First, Middia, Las	*							le, Meiden Sum				
/lar	should be nd Mental marked o	ToB	RICHARD SATTER	RFIELD, S	SR.				ELNO	RA TOR	AIN				
Maryland	nd 2 shallth and 27 le m		19e. Informant's Name/Reietlonship ELNORA SATTERE	(Type, Print) TIELD-MOT	HER	19b. Meilin 2309	g Address (S HOME	Street a	nd Number or F OD AVE	Rurai Route Num	O, MD.	m, Stete, Zi 2121	ip Code) 8		
Baltimore,	- 4 E 4		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	Removal from Stata	0.00	ce of Dispos natary, crem	sition (Neme etory or othe	of or pleca)	Date	20c. Location				
ţ	tmen tant:		4 Donation 5 Other (Specify) BALTIMORE CEMETERY MARCH 28, 1996 21. Signallyre of Funerel Service Licenses 22. Name and Address of Facility												
	Department of Important: If it any Injury or conce.		CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 2121 23a. Pert1. Enter the disease, or complications that caused to shock, or heart failure. List only one cause on each line. Approximation and the shock of the												
	Physician /Medical Examiner	er	Immediate Ceuse (Final disaesa or condition resulting in death) e. Mulfiple Gran Shor Wounds Due to (or as a consequenca of):												
	ceta be executed physician and the bunal-transit	Examiner	Sequentially list conditions,	b	Due to (or a	ıs a consequ	uenca of):					1			
0,	e exe		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initieted events									i			
68760,	tificeta be execut g physician end as the burial-trar	edicai	that initiated events rasulting in deeth) Last	0.	Due to (or a	s a consequ	ienca of):								
Вох	certifi ding	92	L	d								į			
Ä	death cert e attendin ed for use	iciar	Part II. Other significant conditions	contribution to death b	ut not consist	ing in the up	darbija a a u	20 oh 10	n in Part I	22h DI	d tobesse use	ontolbudo (to the sauce of death		
, P.O	thet that	by Physician/	- Arti. Other significant conditions	contributing to death t	ut not result	ing in the un	denying caus	sa giva	n in Fact.				to the cause of death obably 4☐ Unknow		
ecords,	e law requires that tha death hes been signed by the atte je 2 should be detached for	Completed b									as an autopsy formed?	a	Vere eutopsy findings vailable prior to ompletion of cause f death?		
H	E e e	Con								1 2	Yes 2□No	1	Yes 2□ No		
Vital	ysician: The is certificate director, per	Be	25. Was case referred to medical examiner?	Hospital						ath (Check only					
Jo	this aldi	P.	1 Yes 2 No	Hospital:			3□ DOA	Other	4 U Nursing				ity) VEHICL		
UQ	the range	tlon	27. Menner of Death 1 Natural 5 Pending	28a. Date of Inju	y Year)	8b. Tima of Injury		. Injury Work'	at ? as 2⊊No		how injury occ	Shot			
Division	tal or Attending rs after death. I Director: Afte ed in by the fune	Certification:	2 Accident investigatio 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Inj		2147 e, farm, stre			40 2 ge 140	28f. Location City or T	(Street end Nur own, Stete)	n <i>ber</i> o <i>r R</i> ui	rai Route Number,		
	o last o les i bel	S		Fn	car					2300	BUK	Home	elwood St		

State Registrar 31. Date filed (Month, Day, Yeer)

29b. Signeture and title of certifier

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Powler

> 32. Registrar's Signature Fuha Davidson-Bindall

1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, dete and place, and dua to the causa(s) and manner stated.

29c. License number

OCME

111 Penn Street, Baltimore, Maryland 21201

29a. Certifier

naptal or unesting physician.
hed for use as the burial-transit permit. Pages 1, 2, 3 should

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DALIMONE, M	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be met
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DIVISION OF VITAL RECORDS, P.O. BOA 50750	R	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Item
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	2	2 3	E

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN	E							
0	1. DECEDENT'S NAME (First, Middle, Last)	OLITTI TO	AIL OF DEATH	2, DATE OF OEATN		3. TIME OF DEATN						
	William Christian	n Schaub		March 19.	1996 YEAR	3:34 P. M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTIN 8. BIRTHP											
	216-09-9921	216-09-9921 17 M 2 F 85 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Oct. 05, 1910 Balt-										
_	9e. FACILITY NAME (If not institution, give stre	et and number) 94	b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF							
DIRECTOR	Medbridge Nursing Home Rossville Baltimore											
띭	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.											
a	Maryland Bal	timore Co.	Baltimore			1 YES 2 NO						
¥	10e. STREET AND NUMBER		10f. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?						
FUNERAL	1 K Maidstone Cou		21237			S.A.						
교	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF NISPAL If yes, specify Cuben, Mexico	en, Puerto Ricen, etc.)	or No- 14. RA	CE — American Indian, ack, White, etc.						
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 TO NO Specific	fy:	Spo	White						
0	15. DECEDENT'S EDUCA			16b. KIND OF BUS	INESS/INDUSTRY	MITTE						
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +) (Give kind of world life. Do NOT use in	k done during most of working etired.)									
MPL	11	Lithogram	ohic Press Man	р	rinting							
COMPLETE	17. FATNER'S NAME (First, Middle, Last)			AME (First, Middle, Meiden	Sumame)							
BE	Fdward Charles S	chaub	Mary F	Elizabeth M	iller							
P_	190. INFORMANT'S NAME (Type/Print) Mrs Francos Also	va (Weber) (Wife) 1 K M	DRESS (Street and Number of Rural	Route Number, City or Tow	n, State, Zip Code)	and 21227						
A	20a. METNOD OF DISPOSITION											
	1 🗆 Burlel 2 🖰 Cremetion 3 🗆 Remov		r piecel	40.0	CATION — City or							
	4 Donetion 5 Other (Specify)	-	rvice Corp. 3/2	ACILITY	•	Maryland						
	1 Man I	Jeffrey L. Gair	Ruck Towson Fi	uneral Home	Inc.							
	Altaxo.	Jave	1050 York Road	Towson,	Marylan							
	23. PAID! Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or reepiratory arrest, ehock, or heert fellure. List only one cause on each line.											
1 1	IMMEDIATE CAUSE (Final	Denvil				Onset and Death						
	resulting in desth)											
-	_	DUE TO (OFF AS A CONSEQUENCE OF):										
o l	Sequentially list conditions, if any, leading to immediate	DUE TO TOR AN A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING	LITA										
画	CAUSE (Disease or Injury that initiated events	DUE TO TOP AS A CONSEQUENCE OF):										
E	resulting In death) LAST	I Ave										
	PART II. Other significent conditions	contributing to deeth but not resulting in	the underlying cause given in	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS						
CAL				PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE						
MEDIC				1 _ YES 2	X _{NO}	OF DEATH?						
N.	DID TOBACCO USE CONTR	BUTE TO CAUSE OF DEATH YES	□ NO □ UNCERTAL	IN A		1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH										
SICIA			THER: Nursing Nome 5 Residence	8 Other (Specify)								
РНУ	27. MANNER OF DEATN	28a. DATE OF INJURY 28b. TIME ((Month, Day, Year) INJUR	OF 26c, INJURY AT	28d. DESCRIBE NOW	NJURY OCCURED							
ВУР	1	(MONIN, Day, 1887)	M 1 YES 2 NO									
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At home, farm, stre- building, etc. (Specify)	ret, factory, office	28t. LOCATION (Street - City or Town, State)		el Route Number,						
E	4 Nomicide detarmined											
29e. CERTIFIER (Check only) CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data end piece, and due to the cause(e) end manner as stated.												
COMPLETED	onel	3: On the beele of examination and/or investigation,	in my opinion, death occured at the	e time, dete end place, er	d due to the ceus	e(e) end manner ee stated.						
Ü	200 SIGNATURE AND TITLE OF CERTIFICAL CO. March Co. Marc											
m		Myssell	D427	36	▶ 3 -	20-96						
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P.	rint)			70						
		7600 0 1 7 =										
1 1	Ayman F. Akkad M. J	D. 7600 Oster Dr. Tow	son, Md. 21204									
ř			-			7						

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

				Certi	ilicale of	Death		Reg. No.		
Physic /Medi		1. Decedent's Name (First, Middle, Last)	-	Szc	zerb		2. Dele of De Month Marc	~ [9	1996 1	ime of Death 2:21A/
Funeral	ner	4e. Facility Neme (If not institution, give street and the Fallston General Hosp 5. Social Security Number 6. Sex 10 M 20 F	ital 7. Age (In yrs. I		If Under 1 Yeer Months Deys		8. Dele of Bir	Har th sy, Year)	rford	State or Foreign
Director		214-12-4810 ^	/3				July 2	5, 1922	Maryl	
ar death with the Marylar Itsms 23e or 28e-f show ner must be notified at	Director	Maryland Baltimore		ngsvil	le				10	Yes 2 No
Se or 2		10e. Street end Number 12703 Lee Ben Road			10f. Zip Code 2108	7		10g. Citizen of \		
	by Funeral	11. Marilel Stetus 1 ☑ Never Merried 2 ☐ Merried 1 ☑ Vever Merried 1 ☑ Yes,	ecedent Ever in U, Forces? s 2 No Give Detes: 1,11,111			Hispanic Origin? (S en, Mexican, Puer	Specify Yes or No to Rican, etc.)	U.S 14. Rac Blac Specify	e - American ind ck, White, etc.	lan,
d within 72 hours al giene. Ir than "natural", or the Medical Exam	Completed	15. Decedent's Education (Specify only highest grade complete	a) MMII	(Give kii	nt's Usuel Occur nd of work done NOT use retire	during most of wa	rking	16b. Kind of Bi	White usiness/Industry	
	Com	12	(1-4or 5+)	Printe				State	of Mary]	and
d 2 should be file in and Mental Hy 7 is marked offly traumatic event	Be	17. Fether's Neme (First, Middle, Last)					me (First, Middle	, Meiden Sumen	ne)	
should and Mo mark umark	To	Frank Szczerbicki 19e. Informent's Neme/Relationship (Type, Print)		19b. Meiling	Address (Stree	JOSEP and Number or R	hine Kr)
and 2 ballh a n 27 is ser tra		P. Norman Walls			Same a					
of H to		20e. Method of Disposition 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removel from	m State CE		tory or other ple	.	Dete		City or Town, St	ete
Deput Pa		4 Donetton 5 Other (Spegify) 21. Signeture of Funeral Service Dosgaee	Hil	22. N	Name end Addre	orporati ss of Feoility J. Ruck ford Roa			owson, M	
Physician /Medical		23e. Pert1. Enter the disease, or complications the shock, or heert feilure. List only one ceuse or immediate Ceuse (Finel		. Do not enter	The mode of dyl	ng, such es cardle	c or respiretory e	rrest,	Appro	eximete val Between t and Death
Examiner	ner	disease or condition resulting In deeth) e	Deps Necrot	as a conseque	1	m			2	days
be executed cian and cian and burial-trans	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause, (Disease or Injury c.	11000	es e conseque	ince of):	arm			2	days
certificate be executed nding physician and use es the burial-transit	n/Medical	that initiated events resulting in death) Lest	Atria	es e conseque	nca of):	ation			73	zaays
the ette	Physicia	Pert II. Other significant conditions contributing to	death but not resu	iting in the unde	erlying cause gi	ven in Part I.	23b. Did	tobacco use co	ntribute to the c	ause of death?
ires that the deetl signed by the ette d be detached for	by Phy						112	Yes 2□ No	3 Probably	4 ☐ Unknown
ew requires been 2 should	Completed b							en eutopsy rmed?	24b. Were aut evallable completio of death?	prior to
F ege							10	Yes 212 No	1 ☐ Yes	2 No
Physician: The this certificate rai director, peg	o Be	25. Wes case referred to medical examiner? Hospital:	2		Ott	200	eth (Check only o			
문 후 교	ation: To	27. Menne of Deeth 28a. Det		ER/OutpatienI 28b. Time of Injury	28c. Inju Wo	4 LI Nursing F	dome 5 Resi	dence 6 GOth	1-1-27	3.37
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined 28e. Ple buil	ca of Injury - At hor ding, etc. (Specify	me, ferm, street	t, fectory, offica		28f. Location (City or To		er or Rural Route	Number,
Hospi 24 hou Funer etely fil	edicai	29a. Certifier (Check only one) Certifying Physicien: To the 2 Medical Examiner: On the and me	ne best of my know besis of examineti inner steted.	viedge, deeth or on end/or inves	ccurred et the ti stigation, in my c	me, date end piece opinion, deeth occu	a, end due to the urred et the time,	cause(s) end me dete end place,	nner es stated. and due to the ce	ouse(s)
within To the compli	Me	29b. Signeture end title of centiler			29c. Licens	se number		29d. Dete signed	d (Month, Dey, Y	ear)
121		30. Name and address of parent who completed	use of death the	220) /// 12-		12284	3	March	21,1	996
5		30. Name and address of person who completed ca			U)	FURES	T HILL	mis	21050	0
Sta		31. Dete filed (Month, Dey, Year) MAR 9 1996	Registrer's Signet	ure						

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State of Maryland / Department of Health and Mental Hygiene 96 08284

						Certifica	te of	Death	R	eg. No.	0 000	104
	Di.		1. Decedant's Name (First, Middla, Las	st)					2. Data of Deel	h		na a Daoith
	Physici /Medio		ELMER	J.	S	CHMITZ	JR		MARCH 20),1996	Yaar 5:2	29X. C
Ŋ.	Examir		4a. Facility Neme (if not institution, give	e street and numbar)				4b. City, Town, or	Location of Deeth	4c. County	of Death	
			PHYSICIANS MEMOR	IAL HOSPITAL				LAPLATA		CHAR	LES	
	Funeral		5. Social Security Number 6. S	ax 7. Age	e (In yrs. iast bir	Months	Pr 1 Yeer Deys	If Undar 24 Hrs. Hours Min.	8. Deta of Birth (Month, Day)	Year)	9. Birthplace (Ste	ate or Foreign
1	Director		219-07-5591	15 (10)	77	Yrs.			May 21,	1918	Marylan	d
	and **		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Tow	n or Location					10d Inela	da City Limits
	denyl f sho	5	Maryland Baltim	000								Yas 200 No
	the 1	Director	10e. Street end Number	ore	1 11110	nium	p Code		1	0g. Citizen of W		
	with with		1 Lough Mask Cou	rt #202			1093			United		
	Jeeth 2	Funeral	11. Meritei Stetus	12. Wes Decedant I Armed Forces?	Evar in U,S.			tispanic Origin? (S en, Maxican, Puerl			- Amarican India	n.
0	offer.		1 Never Married 2 Married	1 Mayes 2 □ N	lo				o Rican, atc.)	Black	k, White, etc.	
02	o	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yeer or Datas:	WW II	1 Yas	2 No	Specify:		Specify:	White	
2-0	7.72 hours eftar deeth with the Meryland "natural", or Hems 23a or 28a-f show adical Examiner must be notined at	Completed	15. Decedent's Ed (Specify only highest gra	lucation	16a.	Decedant's Usi	al Occup	pation during most of wor	dina	16b. Kind of Bu	siness/industry	
21	- E -	nple	Elemantary/Secondery (0-12)	College (1-4or 5	+)	lifa. DO NOT	ısa retire	d)	Arig			
2	e filed withir al Hygiene. d other than vent, tre	Co		4		Prir	iter				Employed	
aryland 21215-0020		Be	17. Father's Nema (First, Middla, Last)						na (First, Middla, I		•	
ž	Merita	2	Elmer John Sc						a Augusta			
Ē/			19a. Informant's Name/Raiationship (1					and Number or Ru				
a	1		Mrs. Carmela V.	Schmitz /		Lough Disposition (Na		Court #2		nium, M	1d. 2109 City or Town, Stet	
Baltimore	1000		1 X Burial 2 ☐ Crametion 3 ☐		cemete	ry, cramatory or	othar pie	,				
튪	rtant right		4 Donation 5 Other (Specify		Most Ho	ly Redeem	er Cen	netery .	3/23/96	Baltimo	re, Mary	land
Ba	Derm Ceps Impo Impo Impo Impo		21. Signetura of Funaral Sarvice Licen	see Mark I.	Zavoyn	Leor	iard	J. Ruck,	Inc.			
				0	M - d - M - D -			ford Roa		imore, l		
Ų,		10	23a. Pert1. Entar the disease, or comp shock, or haart tailura. List only	ona causa on aach iir	tha death. Do l	not antar tha mo	da ot dyir	ng, such as cardiad	or raspiratory arm	est,	Approxi Interval	mata Between and Death
	Physician / /Medical		Immedieta Cause (Finel	-	,	1					1	
	Examiner		disease or condition rasulting in death)	e. > %	2,5	Synd		P			10	up
		- Le				consequence of):				d	
	rificete be executed ng physician and set the burial-transit	edical Examiner	Comments the first constitution	b. —	M MON	onsequance of					1 018	ay s
o,	rificete be executed ng physicien end es the burial-transit	Exa	Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying	A-	- C - L	,	•				!	
68760,	ysicie	cal	that initiated evants	c	Dua to (or es e	OY\ consequence of)						
89	g ph es th	Med	rasulting in death) Lest		Kinson		ي حور	. 0			1.4	0.2
Box	attendir for use			d	1001	2 01.	7 000	1-				eurs
	deal	sich	Part II. Other significant conditions co	ontributing to death bu	it not resulting in	the undarlying	causa giv	van in Pert I.	23b. Dld to	bacco use con	tribute to the cau	use of death?
P.O.	The lew requires that the death ce ste hes been signed by the attendir page 2 should be detached for use	Physician/I							1 🗆 Y	2 2 No	3 Probably	4 Unknown
	es the igned be de	ρ										
ord	v requires to been signe should be	Completed							24a. Was a perform		24b. Ware eutop available pr	rior to
ec	hes b	ple									completion of death?	or cause
<u>=</u>		S							1 🗆 Ye	s 200 No	1 🗆 Yas	2□ No
Division of Vital Records,	Attending Physician: The order. sctor: After this certificate by the funeral director, pag	Be	25. Was casa ratarred to medical axaminar?	I I a a like i					ath (Check only on	a)		
of	5 00	2	ILI TAS ZIZINO	Hospital: 1 Inpatial				4 Li Nuising H	lome 5 Reside			
ב	h. After funer	lon	27. Manner of Death 1 Natural 5 □ Panding	28a. Data of injur (Month, Day	Year) 28b. I		28c. Injur Wor		28d. Dascribe ho	w Injury occurre	ed De	
12	uttendi death. ctor: A y the fu	Icat	2 Accident Investigation 3 Suicide 6 Could not be		- At h A-	М		Yas 2 □ No	Opt Leastles (Or		D i D	A L. com A
2	무류등	Certification:	4 ☐ Homicida detarmined	28a. Place of Inju building, etc	ry - At noma, ta . <i>(Specify)</i>	rm, street, tacto	у, опісе		City or Town		er or Rurai Routa I	vurnber,
	ours ours filled	- 1	29e. Certifier 1 Certifying Phy	ysician: To the best o	f my knowledge	death converse	at the time	ne date and class	and due to the	use/el and ma-	nner as etated	
	P Hos P Fun letaly	edical	(Check only 2 Medical Exam	Iner: On the basis of and mennar sta	axamination an	d/or Investigetion	n, in my o	plnion, daath occu	rred at tha tima, d	ata and piace, a	nd dua to tha cau	sa(s)
	To the Hospital or Attending Phywilin 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	Me	29b. Signatura and titla of certifiar	1		29	c. Licens	a number	2	9d. Date signed	(Month, Day, Yes	er)
			B 2	1	M		D-3342	26		372	0/96	
		ŀ	30. Nama and addrass of person who o	completed causa of da	ath (Itam 23a)		JJH2	40		0 / 0	1	
			B. LARRY JENKINS N	_ ^	RANGE AVE		DOV	1724 LA I	מוע אידיא זוכ	0616		
	Sta		31. Data tiled (Month, Day, Year)	Registra	Shipped .		+ ±W/\	1124 LA I	LAIN I'W. Z	.0040		
	Registr.	ar	MAR o 2 199b		N. W. and Married							

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The first are a market were specified by 2.8 for single Market Specified as

Filmg, 733, item #10e, 17, 3 Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** SAMUEL E. SPRIGGS MARCH 20. 1996 9:22 a.m. /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HOWARD HOSPITAL FORT HOWARD, MD n/a 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) tf Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) JAN. 28, 1957 9. Birthplace (State or Foreign **Funeral** Deys Hours Min. MARYLAND XXM 20F 219-76-7624 39 Yrs Director Usuei Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits the Maryta MD n/a BALTIMORE XX Yes 2 □ No Director 10e. Street end Number MONTEBELLO 10f. Zip Code 10g. Citizen of What Country? ir than "natural", or items 23s or the Medical Examiner must be a 2309 MONTEPELIAR **TERRACE** 21214 UNITED STATES Funeral 12. Wes Decedent Ever in U.S. Armed Forces?

1 Wes 2 No 77 NA If Yes, Give 1 77 Year or Detes: 5 8 1 11. Meritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, NAVY Eshould be filed within 72 hours after and Mental Hygiene. s marked other than "natural", or its Never Married 2 Merried Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: BLACK δ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) TECHNICIAN ELECTRONICS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) SPRIGGS FLEC SAMUEL LEONA GALLOWAY 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) LEONA SPRIGGS 2309 MONTEBELLO terrace, BALTIMORE, MD 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete ♦ Buriel 2 Cremetion 3 Removel from Stete GARRISON FOREST VA CEM. 3-25 OWINGS MILLS. MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerei Service Licens 22. Neme end Address of Fecility WM. C. MARCH FH.-1101 E. NORTH 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physiclan** /Medicai immediete Ceuse (Finel diseese or condition resulting in death) ACQUIRED IMMUNE DEFICIENCY SYNDROME Examiner Due to (or es e consequence of) Examiner physician and the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): the deeth certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 888 attending p for use as detached Pert II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did lobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings aveilable prior to completion of ceuse of death? 24e. Wes an autopsy performed? Completed peed has 1 ☐ Yes 2 No 1 Tyes Mospital or Attending Physician:
 24 hours efter deeth.
 Funeral Director: After this certific Be 25. Wes cese referred to medicat exeminer? 26. Place of Deeth (Check only one) Hospital: 1 tnpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 27. Manner of Death funeral 28d. Describe how injury occurred Certification: 26a. Dete of injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 5 Pending investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 - Homicide 29e. Certifier 🖄 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated. To the Hosp within 24 hou To the Funer completely fil (Check only one) 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (item 23a) (Type, Print) CHANDRAKALA RAJA, M.D., VA MARYLAND HEALTH CARE SYSTEM, FORT HOWARD, MD 21052 31. Dete tiled (Month, Dey, Year) 32. Registrer's Signature State MAR 2 2 1996 This Savidson Bondoll Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 08286

						Cer	tificate of	Death		Reg. No.	U	0200	
	Physic /Medi		Decedent's Name (First, Middle, La Lorrain	ne Swine	ey .				2. Date of De March 16	ath	Yaar	3. Time of Death	
	Exami		4a. Facility Name (If not institution, given Howard County Gen		4b. City, Town, o	or Location of Death	4c. County Howa:		ounty				
	Funeral Director			Sex	7. Age (In yrs. les 68	t birthdey) Yrs.	If Undar 1 Yaa Months Days		s. Date of Bir in. (Month, De March	Y. Year) 16, 192	9. Birthpl Count Mi	ace (Stete or Foreign try) aryland	
	with the Maryland a or 28a-f show the notified at	ctor	Usual Residence of Decedent 10a. State 10b. County Maryland Howard	County		Town or Lo	cation				10	Od. Insida City Limits	
	n with the 23e or 28 at be not	al Director	106. Street and Number 9070-C Town and Country Blvd. 21043							10g. Citizen of U	What Count	try?	
21215-0020	ours atter death with the Marylav rai", or literia 23e or 28e-I show Examiner must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2☆☆Marrled 3 □ Widowed 4 □ Divorced	12. Was Dace Armed For 1 Tes If Yes, Giv Yaar or Da	2/(X)No e		Vas Decedent of Yes, specify Cul		(Spacify Yas or No erto Rican, atc.)		ca - Amarica ck, Whita, a v: Whi	atc.	
15-0	n 72 hours "netural", edical Ex	Completed	15. Decedent's E (Specify only highest gre	ducetion ade completed)		(Give)	lent's Usual Occu kind of work done DO NOT use retin	during most of w	vorking	16b. Kind of B	usiness/Ind	lustry	
212	d within plene. r than	ошо	Elamentary/Secondary (0-12) UNKNOWN	-4or 5+)		nomemake			own hor	ກຸຄ			
Maryland	ould be filed Mental Hyg arked other affic avent,	To Be C	17. Father's Name (First, Middle, Last, George	e Robey				18. Mother's N	ame (First, Middle, e11e	me (First, Middle, Meiden Surneme)			
, Mary	and 2 sho saith and 8 1 27 is ma er trauma		19a. Informant's Name/Relationship (Mr. Elbert Swine)						Rural Route Numbery Blvd.,			code) ty, MD2104	
promi	Separate Sep		20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif		olala		sition (Neme of natory or other pla n Memori		Data 3-19-96	20c. Location		wn, State	
Ball			21. Signature of Funeral Service Licer	Isee Se (M0053				me, P.A.	21043			
	Physician /Medical		23a Part Enter the disaasa, or comhock, or heart feilure. List only	plications that co								Approximata Interval Between Onset and Death	
1	Examiner		immediate Ceuse (Final disaasa or condition resulting in death)	a	PLOMA							dyend	
	D 5	ner		Res	Due to (or e						i	14 DAYS	
30,	icate be executed physician end s the buriel-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undartying Ceuse (Disease or Injury that initieted events	sec.	Due to (or a		1					4 DAK	
Box 68760,	200	v/Medical	that initiated events resulting in death) Last	d	Due to (or as	s a consequ	uence of):						
	ne death ce the attendi	Physician/	Part II. Other significant conditions o	ontributing to de	ath but not resulting	ng In tha un	iderlying ceuse g	iven in Part I.	23b. Did 1	tobacco use co	ntribute to	the cause of death?	
P.0	that the de ed by the deteched									1 Yee 2 No 3 Probably 4 Un			
Records,	requires been sign should be	Completed by								an autopsy med?	con	re autopsy findings illable prior to npletion of cause leath?	
Re	0 - 0	ome							10	ras 2 No		Yes 20 No	
of Vital	iclan: The certificate rector, pay	BeC	25. Was case referred to medical examiner?					26. Place of D	eath (Check only o				
of	Physician: this certific	ို	1 ☐ Yes 2 PNo	- 10		VOutpatient	3L DOA		Home 5 Resid)	
Division	Attending P or death. ector: After i by the funer	Certification:	27. Manner of Deeth 1. Naturel 5 Pending 2 Accident Investigation 3 Sulpide 6 Could not be	1	h, Dey Year)	3b. Time of Injury		Yes 2 □ No		now injury occur			
Divi	tal or Attendi rs after death. af Director: A led in by the fi	Certifi	3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)							Street end Numb vn, State)	er or Aurai	Route Number,	
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29e. Certifier (Check only one)	ysician: To the la ninar: On the ba and mann	sis of examination	dge, deeth end/or inv	occurred et the t estigation, in my	ime, date and pia opinion, death oc	ce, and due to the curred et the time,	cause(s) and ma date and place,	anner es sta and due to	nted. the ceuse(s)	
	To To To To To To To To To To To To To T	M	29b. Signature and title of certifiar **Nicha IAS Kour	helatos	mD			8509		29d. Date signe March	d (Month, E		
	6		30. Name and address of person who Nicholas Koutre	lakos,	MD 1106	5 Lit		uxent Pk	wy., Colu	umbia, N	m 210)44	
	Sta Registr	_	31. Date filed (Month, Dey, Year) MAR 2 2 1996	relia varia	egistrar's Signatur	B :			-				



State of Maryland / Department of Health and Mental Hygiene 96 08287

_						Cer	tificate of	Death			Reg. No.		0 0 2	-01
	Physic /Medi		1. Decedent'a Name (First, Middle, La Helen T. Shi							2. Dete of De Month March	-	986		se of Death
	Exami		4e. Fecility Neme (If not institution, giv St. Elizabeths						own, or Local	ation of Deet	4c. Coun	ty of Death		
	Funeral Director		5. Sociel Security Number 6. S 2 1 2 - 0 3 - 6 6 3 0	ex 7. Age	e (In yrs. last bir 78	thdey) Yrs	If Under 1 Yea Months Days		Min.	8. Dete of Bir (Month, De 0 4 / 2 0	* 1917	9. Birtho	plece (Stantry)	ate or Foreign
	laryland show ed at	ž	Usual Residence of Decedent 10e. State 10b. County MD Baltimo		10c. City, Town							1		le City Limits
	or 28a-1	Director	MD Baltimo 10e. Street end Number	re	Caton	5 V I	10f. Zip Code				10g. Citizen o	What Cour		20110
	10 y 23 a 10 y		1203 McCurley	Ave.			2122	8.8			U.S.	Α.		
020	n 72 hours after death with the Maryla "natural", or lterns 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent II Armed Forces? 1 Yes 2 In If Yes, Give Yeer or Detes:	Ever In U,S. Io		Ves Decedent of Yes, specify Cu	s Decedent of Hispanic Origin? (Specify Yes or I es, specify Cuben, Mexican, Puerlo Rican, etc.) Yes 2 ANO Specify:						a,
20	72 h	ted	15. Decedent's Ed (Specify only highest gra	lucetion	16a.	Deced	ent's Usuei Occi	upation			16b. Kind of	Business/In	dustry	
Maryland 21215-0020	Hygiene. Hygiene. ther than 'r ent, the Med	Completed	Elementery/Secondery (0-12)	College (1-4or 5	+)		e kind of work done during most of working DO NOT use retired) ccretary			9	Cler:	ical	al	
P	0 = 0 =	Be	17. Fether's Neme (First, Middle, Last)					18. Moth	er's Neme ((First, Middle	, Maiden Surna	me)		
a	Ould b Menta arrhad	ToE	Joseph Kopec					Cath	erine	e Gub	ala			
ary	6255		19e. Informent's Neme/Reletionship (Type, Print)	19b	. Mailin	g Address (Street	et and Numb	er or Rural	Route Numb	er, Clty or Tow	n, State, Zip	Code)	
	27 la 27 la		Adele Kopec nie	ce	50	5 3	Jeffrey	st.	Balt	to. M	D. 212	25		
fmore,	Pages 1 ar tent of Hea int: If Nem? iry or other		20e. Method of Disposition (Name of cemetery, crematory or other place) 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) Holy Cross Cem.						3/22,	Dete 20c. Location - City or Town, Stete 22/96 Baltimore, MD.				
Balti	Department Important: any Injury once.		21. Signatured Funeral Service Licensee. 22. Name and Address of Fecility Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Balto. MD. 21228											
	Physician /Medical Examiner	ner	23a. Pert1. Enter the disease, or com shock, or heart feilure. List only tmmediate Cause (Finel disease or condition resulting in deeth)	Brea		an	cer m	1		c +	1	hore	Onset s	Between and Deeth
Box 68760,	certificate be executed nding physician end use es the buriel-transit	n/Medical Examiner	Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): d.											
m	deeth e etter ed for u	cla	District the second							T		-		
s, P.O.	that the ed by the detech	by Physician	Pert tf. Other significant conditions of	I. 	_	Yes 2 No			use of death?					
of Vital Records,	been s	Completed t									en eutopsy omied?	av	ere autop reliable pr impletion deeth?	
ď	0 20	E								10	Yes 2 No	10	☐ Yes :	2□ No
ā		0	25. Wes cese referred to medical					28. Piac	e of Deeth /	(Check only	A			
>		To B	examiner? \(\) 1 \(\) Yes 2\(\) No	Hospitel: 1 ☐ Inpatie	nt 2 ER/Ou	toatient	3□ DOA O	ther V			dence 6 🗆 O	ther (Specif	64)	
	Physical distribution		27. Manner of Deeth	28e. Dete of Injur	y 28b. 1	ime of	28c. Inj				how injury occi		Y)	
Division	I or Attending I efter death. Director: After d in by the funer	Certification:	1 ☐ Naturel 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 8 ☐ Could not be			njury	M 1[Yes 2		of Location /	Street and Num	her or Russ	al Pouto I	Number
Di.	pital or A urs efter oral Direction		4 Homicide determined	building, etc	. (Specify)					City or To	wn, State)			variioei,
	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After completely filled in by the fune	Medical	one) 2 Medical Exam	ysician: To the best o iner: On the basis of end manner ste	exemination and	, deeth d/or Inve	estigation, in my	opinion, dee	eth occurred	d et the time,	dete end place	, and due to	the ceue	
	5 <u>₹</u> 5 8		29b. Signeture and title of certifier	1) Ly			29c, Licer	35b	21		Murch	Month,	Day, Yea	96
	م		30. Name and address of person who	completed cause of de	3 3 7	Type, F	Print) Be /	1700		Ave	Ru	1+1	W	2722
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registra	* Southwest									

Registrar

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	State of Maryland / Department of Hea Certificate of De		Reg. No.	
/sician	1. Decedent's Nama (First, Middle, Last)	2. Date of D Month		3. Tima of Death
iedical	BERNARD LOUIS SILVERMAN	MARCH	20 199	16 1230 P
miner		City, Town, or Location of Dee	th 4c. County of	Death
_		olumbia ff Under 24 Hrs. 8, Dete of Bi	Howard	
al or	Months Days I	Hours Min. (Month, D		Birthplace (State or Foreign Country)
	216-36-4227 58 Tis.	12-31-	-51	Md •
	10a. Stata 10b. County 10c. City, Town or Location			10d. insida City Limita
tor	Md. Baltimore Catonsville			1 ☐ Yes 2 →No
Director	10e. Street and Number 10f. Zip Coda		10g. Citizen of Wh	at Country?
<u>ا</u>	1800 Edmondson Avenue 21228	3	U.S.A.	
Funeral		anic Orlgin? (Specify Yes or N Mexican, Puarto Rican, atc.)	o- 14. Race -	American Indian,
	1 Nevar Married 2 Married 1 Yes 2 No			Whita, atc.
	3 Wildowed 4 Divorced Yaar or Datas:	opecity.	Specify:	Vhite
erec	15. Decedant's Education 16a. Decedent's Usual Occupatio (Specify only highest grade completed) (Give kind of work done duril life. Do NOT use retired)	on ing most of working	16b. Kind of Busin	
2	Elamentary/Secondary (0-12) College (1-4or 5+)		Barry Na	
Completed	Grade 12 Warehouseman 17. Fathar'a Nama (First, Middle, Last) 18		Warehou	se
Be		8. Mothar's Nama (First, Middle		
2	Charles C. Silverman	Louise A.		
	19a. Informent'a Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and			
	Louise A. Silverman 528 Parksley Av 20a. Method of Disposition (Name of			
	1 Burial 2 Gremation 3 Ramovel from Stata	Deta	20c. Location - Ci	ty or Town, Stete
	4 Donation 5 Othar (Specify) Metro Crematory, Inc		Bal	timore, Md.
	21. Signature of Funerel Sarvice Licensea 22. Nama and Address o	of Fecility .more National	Pike	
		Md. 21229	2 2 4 4 5	
	23a. Part1. Entar tha disease, or complications that caused the death. Do not enter the mode of dying, a shock, or heart failure. List only one cause on each line.		arrest,	Approximate intarval Between
				Onsat and Death
	Immediata Causa (Final disease or condition rasulting in death) Alignant Ventricular Dua to (or as a consequence of): Athero Sclendic Cardi	1 Arrythm	· Y	min
_	rasuiting in daath) Dua to (or as a consequence of):	1 5		
Examine	Atherosclerofic Cardi	osasadavi	risease	years
xan				
e u	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants Due to (or as a consequence of):			
dicai	resulting in death) Last Due to (or as a consequence of):			
2	d			
Slan				1
Completed by Physician/A	Part 1 ther significant conditions contributing to death but not resulting in the underlying cause given in	in Part f. 23b. Dfd	l tobacco use contr	ibute to the cause of death?
5	Diahets mellitus	1/K	Yes 2□No 3	Probably 4 Unknow
b D		240 1400	n an autonou	24b. Wara autopsy findings
ete		per per	s an autopsy formed?	available prior to complation of cause
d I	The second secon			of death?
		10	Yes 2 BNo	1 ☐ Yas 2 No
Be	examinar?	6. Placa of Death (Check only	one)	
0	1 Inpetiant 2 Depot Propulsion 3L DOA	4 Nursing Home 5 ☐ Ras		
Certification:	27. Mannar of Death 1 © Netural 5 ☐ Pending (Month, Day Year) 2 ☐ Accident Investigation (Month, Day Year) 3 ☐ Accident Investigation		how injury occurred	
ical	3 Suicide 8 Could not be	s 2 No	(Street and Number	or Dural Bouta Number
Ē	datamined datamined datamined datamined 28a. Place of injury - At homa, farm, atreat, factory, office building, atc. (Specify)		own, State)	or Rural Route Number,
ŭ	29a, Cartiflar 11 Cartifying Physician: To the hest of my knowledge death occurred at the time of	determine the control of the control		
edical	(Check only 2 Medicat Examiner: On the basis of axamination and/or invastigation, in my opinion	data and place, and due to the ion, daath occurred at tha tima	i causa(s) and mann , data and place, and	ar as atated. d dua to the causa(s)
Z e	one) and mannar stated. 296. Signature and title of cartifier 29c. License nu	umber	29d. Dete signed (Month Day Year)
	30. Nama and addrass of person who complated class of death (Itam 23a) (Type, Print) PATHLICE A. TOYE, W. 4565 Hemlock Core 31. Data filad (Month, Day, Year) 1. A22. Registrate Figurature	1413	mancer	4110
	30. Nama and addrass of person who complated chase of death (Itam 23a) (Type, Print)	-11	1101	1.1071-117
	NATINGE A. TOYE, us 4565Hemlock Core	way Ellics	AI CITY	NN 51915
te	31. Data filad (Month, Day, Year)			

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

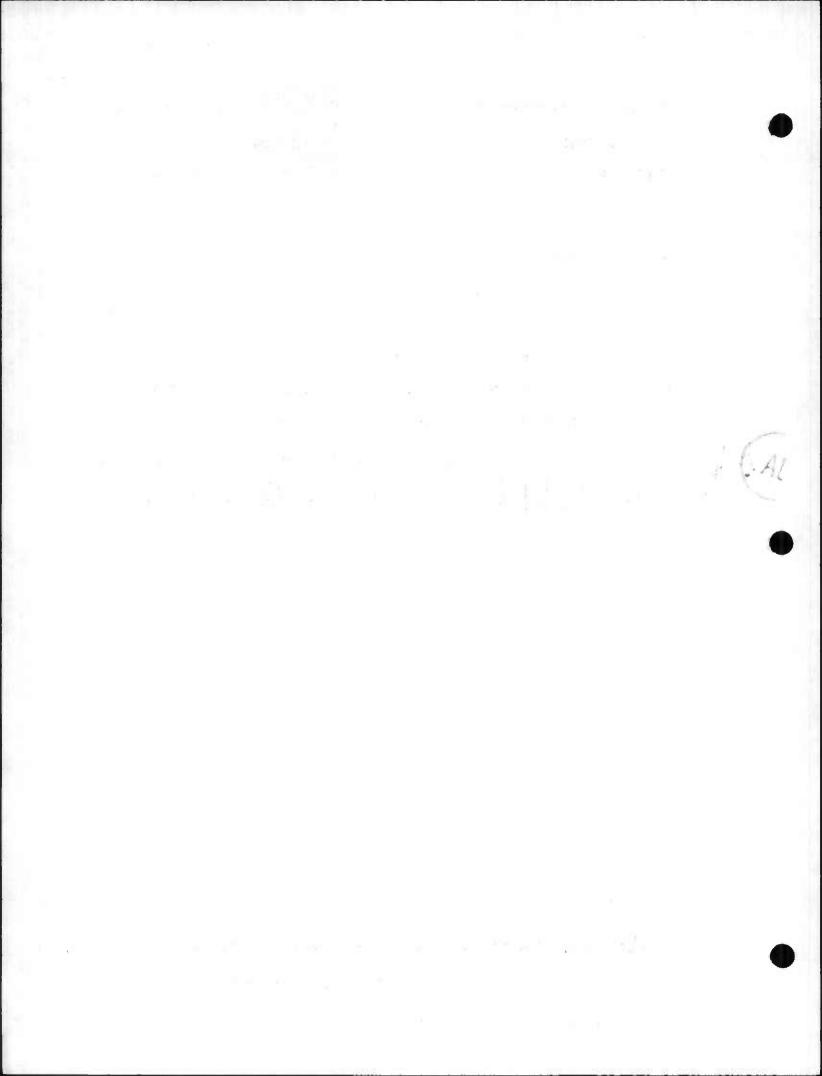
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

(1)	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATN	DAY	_ YEAR	3. TIME OF DEATH		
	REGINA	Clare		TIBBE	LS			Mar :	21 198	6	4:05 am M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEA	-	R 24 HRS.	7. DATE OF BIRTH		8. BIRTI	NPLACE (State or Foreign		
	215-28-0439	1 🗆 M 2 💢 F	65	YRS.	NTHS DAY	/S HOURS	MIN.	July 31	1930	Ma	ryland		
	Sa. FACILITY NAME (If not institution, give :			91		VN OR LOCAT		EATN	9c. CO	UNTY OF C			
DIRECTOR	Saint Joseph Me	dical Center			To	DWBOR	Mar	yland		Baltin	altimore		
ᇤ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
E	Maryland Ba	altimore		Towson						LIMITS?			
9	10a. STREET AND NUMBER	1101111010			101130	101. ZIP COL	DE		WHAT COUNTRY?				
ER/	8415 Bellona La	ane # 611				212	204			U	SA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR			DECENDENT	OF HISPAN	VIC ORIGIN? (Specify	Yes or No-	14. RAC	E — American Indian,		
ВУ Е	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X N WAR OR DATES	Ю		YES 2 NO		in, Puerto Rican, etc.) y:		Spec			
						122				1	White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Gi	CEDENT'S US ive kind of work Do NOT use n	done during	PATION g most of work	ing	16b. KIND OF	BUSINESS/II	IDUSTRY			
<u>ا د</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)		ncipa	1		Raltir	nore (itv	Schools		
M	17. FATHER'S NAME (First, Middle, Lest)	7		1111	СТРа	_	TNED'S NA	ME (First, Middle, Maid		, I Uy	30110013		
	William Henry Til	phels				18. 180		Mary Bi		na			
BE	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING AD	DRESS (Str	eet and Numb	er or Rural	Route Number, City or						
임	S.D. Rochfort		4	Ranger	r Cou	rt Bal	ltimo	re, Mary	and 2	1234			
	20e. METNOD OF DISPOSITION 1) Burlal 2 Cremation 3 Ran		20b. PLACE	AND DATE OF	DISPOSITION	N (Name of			LOCATION -		own, State		
	4 Donation 6 Other (Specify)	noval from Stata	_ Dulan	natory of other IEX Va.	ľľey	Mem. (Gar.	3/25 Lutherville, Marylan					
	1X Burlal 2 Cremation 3 Ramoval from Stata Camelogy, crematory of cibespolece) Dulaney Valley Mem. Gar. 3/25 Lutherville, No. 1 1 1 1 1 1 1 1 1												
	MWWW. 1946 Alm Memark 6500 York Road Baltimore, Maryland 21212												
	23. PART I. Enter the diseases, or ahock, or haart failure.	complications the	it coused the de	eth. Do not							Approximata		
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one car	uaa on aach iina								Interval Between Onset and Death		
	disease or condition	LUNG	CANCER								9 months		
	reaulting in dasth)	8	(OR AS A CONSE	QUENCE OF):									
z		b											
CERTIFICATION	Sequantisity list conditions, if sny, lasding to immediate	DUE TO	(OR AS A CONSE	DUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DIE TO	(OR AS A CONSE	DIENCE OF	200								
Ē	that initiated events resulting in desth) LAST	002 10	(ON AS A CONSE	JUENCE OF).									
Ü		d.											
	PART ii. Other significant condition			resulting in	tha under	lying cause	given in	Part I. 24s. WAS PER	AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDICAL	CORONARY ARTI	ERY DISEAS	SE					1 YES	2 20		COMPLETION OF CAUSE OF DEATH?		
W											1 - YES 2 0		
ä	DID TOBACCO USE CONT	TRIBUTE TO CA					CERTAI	N 🗷					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		CE OF DEATH	(Check only	one)							
YSI	1 YES 2 XQ	1 Papatient 2	ER/Outpetlant 3	DOA 4	☐ Nursing		Rasidence	8 Other (Specify)					
	27. MANNER OF DEATH 1 Ventural 5 Pending	28a. DATE Of (Month, L	Pay, Year)	28b. TIME (ry	WORK?		28d. DESCRIBE HO	W INJURY C	CCURED			
ВУ	2 Accident Investigation		OF INJURY At he	ma farm etc		YES 2	□ NO				Down Markey		
ED	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	ret, lactory,	omea		281. LOCATION (Str. City or Town, St		er or murer	Noute Number,		
29a. CERTIFIER (Check only 1 SERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a													
COMPLET	(Check only										(a) and manner as stated.		
8					т ту ортп								
B	29b. SIGNATURE AND TITLE OF CERTIFI	EH	_			_	CENSE NU		29d. D.	TE SIGNE	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	ISE OF DEATH (ITE	M 27) (Time P	rint)	D	1008	71		1/ -	1 . /-		
2			we were the fill	···· ary i typo, Fi									
۲			7620 YOF	K ROA	D TO	WSON	MAF	YLAND 212	04				
2	ARTHUR A. SERP! 31. DATE FILED (Month, Day, Year) MAR 2 2 1996	CK, M.D.,	7620 YOF		OT O	WSON	, MAF	RYLAND 212	04				

				State of Mary		tificate of		vieritai my	Reg. No. 9	082	290					
ı	Physic	ian	1. Decedent's Name (First, Middle, Las	m. rveryn		nd		2. Dete of De Month MARC	Dev	Yeer	Tima of Deeth					
	/Medi	cal	4e. Fecility Neme (If not institution, give	WNSHEN-	0	1	4b. City, Town, or L			110	1307					
3	Exami	ner	Sinai Hospital	Stroot and nampery			Baltimo		N/A							
1	Funeral		5. Social Security Number 6. Se		yrs. last birthdey)	If Under 1 Yaer	If Undar 24 Hrs.	8. Deta of Bi	rth	9. Birthplace (Stata or Foreign					
	Director		159-07-7094	□M 2X1F 88	Yrs.	Months Days	Hours Min.	8. Deta of Bi (Month, D Nov. 3	0, 1907	Marylar	nd					
	and **		Usuel Residence of Decedent 10a. Stete 10b. County	10c.	City, Town or Lo	cation				10d In	side City Limits					
	Maryli f sho	ō	Maryland N/A		altimore						Yes 2 No					
	r 28s	rec	10e. Street and Number			10f. Zip Coda			10g. Citizen of \	What Country?						
	th will	alD	3925 Beech Avenue	# 305		21211			U.S.A.							
21215-0020	ges and 2 should be filed within 72 hours after death with the Maryland the Hallh and Mental Hygiene. If them 27 is marked other than "naturel", or ferms 23a or 28a-f show egother traumatic event, the Medical Examinat must be nothing.	by Funeral Director	11. Merital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar in Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Dates:		Vas Decedent of Yes, specify Cub ☐ Yes 2 X No	Hispenic Origin? (Sp ban, Maxican, Puerto Specify:	pecify Yes or No Rican, etc.)	o- 14. Rec Blee Specify	e - American Inc ck, White, etc.						
5-0	72 ho natur	Completed	15. Decedent's Edi (Specify only highest grad	ication	16e. Decad	ent's Usuel Occu	petion during most of work ed)	kina	16b. Kind of B	usiness/Industry						
121	within ene.	mpfe	Elementery/Secondery (0-12)	College (1-4or 5+)					24 1:	-						
	Hygie ther t	ပိ	17. Fathar's Neme (First, Middle, Last)	2 years	Regis	tered Nu	18. Mother's Nem	a (First Middle	Medic							
an	should be filed with nd Mental Hygiene. marked other than umatic event, the N	To Be	Charles	Tetlow			Lilliam	A 1 1 1 1.								
Maryland	2 shou and M is mar	-	19e. Informent'e Neme/Ralationship (T				t end Number or Ru	ral Route Numb	ber, City or Town,)					
≥ ~**	and 2 m 27 i		William Claridge (altimore,	MD 212	211							
Pore	# B B B		20a. Method of Disposition 1 X Burlel 2 ☐ Cremetion 3 ☐	Removel from State		etory or other ple		Dete		City or Town, S						
倒	any injury		N	4 -						, Maryl	and					
Ba	any in	*	Moreland Memorial Park March 23 Carney, Maryland Carney													
	DESCRIPTION OF		6500 York Rd. Baltimore, MD 21212 23a. Perll. Enter the disease or dempilication that quant the deeth. Do not enter the mode of dying, such as cardiec or resolvetory arrest. Approximately 1.													
	Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	CORONA	ey ART		ISEASE			Onse	val Between et and Daath					
	p +	iner			TIC .		SIS									
	and and II-trans	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying		o (or es e consequ		4.11									
68760,	ficate be executed physician and as the buriel-transit	alE	cause. Entar Underlying Ceuse (Disease or Injury that Initiated events	c. PUL	MONAF	RY ED	EMA			<u> </u>						
687	E D 0	edical	resulting in deeth) Lest	Due to	o (or es a consequ	uence of):										
Box	eath certifi attending I for use es	In/M		d												
	the atte	Physician/M	Pert II. Other significant conditions co	ntributing to death but not	resulting in the un	derlying cause gi	iven in Part I.	23b. Dld	tobacco uae co	ntribute to the o	ause of death?					
1s, P.O.	es that thighed by	by							Yee 2□No	3 Probably	^					
Records,	e law requir hes been s ge 2 should	Completed						perf	s en eutopsy ormed? ·	available completi of deeth	on of cause ?					
a	icien: The certificate h irector, page		25. Wes case referred to medical				OR Diseased Day		Yes 2 No	1 🗆 Yes	2K2/No					
of Vital	Physicien: The L this certificate he rel director, page	To Be	exeminer?	Hospitel: Inpatiant 2	2 ☐ ER/Outpetien	3□ DOA Ot	28. Piece of Dea her: 4 ☐ Nursing H		idenca 6 □Oth	er (Snecify)						
			27. Manner of Death Solution 5 Pending investigation	28a. Data of Injury (Month, Dey Year	28b. Time of	28c. Inju Wo			how Injury occur							
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Suicida 6 Could not ba 4 Homicide determined	28e. Placa of Injury - A building, etc. (Spe		at, factory, office			(Street and Numb wn, Stete)	per or Rural Roul	e Number,					
	Hospita 24 hours Funeral stely filled	edical	29a. Certifier (Check only one) 1 Certifying Phy	ner: On the best of my inner: On the basis of exam and menner steted.	knowledge, death ination and/or inv	occurred at the ti estigation, in my	ime, date and piece, opinion, death occui	end due to the red at the time,	ceuse(s) end ma date and place,	anner as stated. and due to the c	ause(s)					
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Med	29b. Signature and title of cartifier	Xurica Qu	MD	29c. Lican:		SK	29d. Dete signe	d (Month, Dey,)	(ear)					
	6		30. Name and address of person who con SEEMA KURIO	empleted cause of deeth (I	Item 23e) (Type, F	nnt)					110					
Г	Sta	ite	31. Dete filed (Month, Day, Year)	32. Ragistrar's Si							-					

Registrar





3. TIME OF DEATH

MD

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign Country)

1996

9c. COUNTY OF DEATH

MARYLAND 21215-0020	in the hospital or attending observing
BALTMORE	Dies. B
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OB ATTENDING DAVCINGN. The law requires that the death certificate he executed within 24 hours after death
	B

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

9a. FACILITY NAME (If not institution, give street and number)

NORMA

4. SOCIAL SECURITY NUMBER

216-36-3277

1 -

should

0	1635 Clarks		reet		Balti	more City			N/A		
RECTO		Ob. COUNT	r	10c, CIT	Y, TOWN OR LOCA	ATION			10	od, INSIDE CITY	
DIR	MD		N/A		Balti:	more City				LIMITS?	
AL	10e. STREET AND NUMBER					of. ZIP COOE		10g. CITIZE		AT COUNTRY?	
ER/	1635 Clark	troot			21230		Unit	ed S	tates		
Y FUNER	11. MARITAL STATUS 1 Never Married 2 M	arried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X 100	If yes, s	ECENDENT OF HISPANIA A pecify Cuben, Mexican S XIX NO Specify:		etc.) Black, White, etc. Specify:			
Э ВУ	3 Widowed 4 Divorce									White	
ETED	15. DECEC (Specify only h	ENT'S EDU lighest grade			Work done during n		16b. KIND OF BU	JSINESS/INDU	STRY		
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COMPL	5th	fla / acti	N/A	11011	iciica (CI	40 MOTHER'S NAM	E (First, Middle, Maide				
- 1								n Sumame)			
BE	RUSSELL Se		er	195 MAIL INC	ADDRESS (Street	MOZEL.	L Lilly	us State 7in C	ade)		
5	Samantha B		rd			n Street,			212	30	
	204, METHOD OF DISPOSITIO	N .	,	0b. PLACE AND DATE				OCATION - CI			
	**X Buriel 2 Cremetion 4 Donation 5 Other (S	3 Rem	oval from State	emetery, cremetory or o	other place!	, March 2	1			Maryland	
	21. SIGNATURE OF FUNERAL		CENSEE	ak Lawii C	22. NAME	AND ADDRESS OF FAC	N/ T D DQ	Darcin	ore,	Maryland	
	Charles L. Stevens Funeral Home,										
	10100	7	0 3	8×61/	1501	E. Fort	Avenue, B	altimo	re M		
	23. PART i. Enter the disc shock, or hee	ert fellure.	complications that caus List only one cause on	eech line.	not enter the m	node of dying, such	as cardiac or rea	piretory arrea	nt,	Approximata Interval Between	
	IMMEDIATE CAUSE (Fine) Classes or condition										
	resulting in desth)		· las	ivatory	ALK	a51				minuter	
			DUE TO (OR)AS	S A CONSEQUENCE	PF):						
ON	Sequentially list conditions, OUE 79 (97 AS A CONSEQUENCE OF):										
ÄŢ	if sny, lesding to immedi cause. Enter UNDERLYIN	G		astasis		216				142.	
띮	CAUSE (Disease or injury that initiated evente	1				014				142.	
CERTIFICATION	reaulting in death) LAST		· Carc	S A CONSEQUENCE O	Lui	15.				18 unos-	
MEDICAL	PART II. Other significent	Condition	e contributing to deeth	but not resulting	in the underlyi	ing ceuse given in i		N AUTOPSY ORMED?	AN	ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
ă							1 YES	2 410		OMPLETION OF CAUSE F DEATH?	
									1	YES 2 110	
ÿ			RIBUTE TO CAUSE								
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. PLACE OF DEA	OTHER:						
PHYSICIAN:	1 TYES 2 THO		1 Inpatient 2 ER/O			ome 5 Hesidence					
	1 Natural 5 P	ending	28a. OATE OF INJUR (Month, Day, Year		JURY V	VORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
B	a C Accident	vestigation	28- PLACE OF IN III	RY — At home, tarm,		YES 2 NO	204 2047/01/05		2 -10		
a		ould not be stermined	building, etc. (S	pecify)	street, factory, on	rice	281, LOCATION (Stree City or Town, Stet	t and Number o e)	r Hural Houl	te Number,	
COMPLETED	29a, CERTIFIER										
MP I	(Check only		ICIAN: To the best of my kn								
8	2 MEDIC	AL EXAMINI	ER: On the basis of examins	tion and/or investigati	lon, in my opinion,	, death occured at the I	lme, date and place,	and due to the	couse(s) a	nd manner as stated.	
BE	296. SIGNATURE AND TITLE	r conjun	1/2	1.		29c. LICENSE NUM	BER	29d, DATE	SIGNED (M	fonth, Day, Year)	
0	Doller	Post	win	WD		DO8	900	3	-21	-96	
	30. NAME AND ADDRESS OF	PERSON	THE COLL	OEATH (ITEM 27) (Typ	8581	1. Fish	OCX E	off.	11	OSNAI	
	31. OATE FILED (Month, Day, Ye	ear)	32.DEGISTRAR'S CI	GNATURE	00010	· cu iau	101.100	11001	100	420	
	MAR 2 2 199	6	him windson	andell							
	1111111 / 10			-							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. last birthday)

56

1 M M & XXF

2. DATE OF OEATH MONTH
MAYEL

7. DATE OF BIRTH (Month, Day, Year)

June 19,

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

08292 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Daeth 3. Tima of Death **Physician** Henn nompson /Medical 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard County 7. Age (In yrs. last birthday) If Under 1 Yaer
Months Days If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Sociel Security Number 8. Sex Birthplaca (State or Foreign Country) **Funeral** 1X M 2□ F Yrs Director 213-16-2632 December 6, 1917 Maryland Usual Rasidance of Dacedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Howard County Maryland Columbia 1 ☐ Yes 2 H No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8898 Old Montgomery Road 21045 USA Funeral 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, 11. Maritel Status Black, Whita, etc. hours after 1 XX es 2 □ No If Yas, Give Yaar or Datas: WWII 1 Never Merried 2014Merried Maryland 21215-0020 1 Yas 2 No Specify þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry filed within Elamantary/Secondary (0-12) Collega (1-4or 5+) 8th manufacturing/assembly electromotive Ŧ 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) Be 2 should be fand Mental F marked Patrick Henry Thompson, Frieda Otillia Kirby d 2 should 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) ũ 曹に Ms. Pauline W. Thompson/spouse 8898 Old Montgomery Road, Columbia, MD 21045 20b. Placa of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Deta ò Burial 2 Cramation 3 Removel from Stete 3-19-95 St. John's Lutheran Cemetery Pfeiffers Corner, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Neme end Address of Facility Slack Funeral Home, P.A. complications that caused the deeth. Do not enter the mode of dying, such as cardlec or raspiratory arrast, only one ceuse on each line. Approximata Interval Between Onset and Deeth **Physician** fmmediata Causa (Final disaasa or condition rasulting in daath) Ventricular Abrillation /Medical Examiner Dua to (or as a consequence of) Examiner 20 min The law requires that the death certificate be executed physician and s the burlat-transit Sequentially list conditions, if any, laeding to immadiate ceusa. Entar Undarlying Cause (Disease or Injury that initiated execute. Due to (or as a consequance of): 32 hours Division of Vital Records, P.O. Box 68760 Mation Physician/Medical that initiated evants resulting in death) Last Due to (or as a consequanca of): attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 3heimers signed b þ been si 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed page 2 s 1 Yes 2 No 2 No 1 Yas certificate or Attending Physician: 25. Was case rafarred to medical axaminar?
1 ☐ Yas 2 ☑ No director, Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidenca 8 Othar (Specify) Certification: To 1 Dinpatiant 2 ER/Outpatient 3 DOA this After thi 27. Manper of Death 28d. Dascribe how injury occurred 26a. Data of Injury (Month, Day Year) 28b. Time of 28c. fnjury at Work? 1 Natural 5 Panding 1 Yas 2 No death. 2 Accident Investigation N/A N Director: A 6 Could not be datarmined 3 Sulcida Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 4 Homicide 24 hours aft Funeral Di eletely filled in N Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical 29a, Cartifian pletely (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Within 2 To the 29d. Dete signed (Month, Day, Year) 29b. Signatur# end titla of cartifiar 29c. Licansa number rora 30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print) M.D., 2 Knull North Dr., Columbia Groman guha Jan Booter Bigaria State MAR 22 Registrar

The state of the s

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

08293

	Certificate of	t Death	Re	g. No.	00230						
Physician	Decedant's Nama (First, Middla, Last) KEVIN BRENT THOMAS		2. Data of Daath Month	Day Yaar	3. Time at the						
/Medicai		the Ohn Town and	March 20	1	8:00a						
Examiner	4a. Facility Nama (If not institution, give street and number) 11614 Sun Circle Way	4b. City, Town, or L		4c. County of De							
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Funeral Director	217-72-3042 1 X 2 F 39 Yrs. Months Da		8. Data of Birth (Month, Day, November 1	^{9. B} 3,1956 Wa	irthplaca (Stata or Forai Country) ashington D						
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lect notifie	10e. Street and Number 10f. Zip Cod	9	10	g. Citizan of What C	Country?						
r Hams 23s or 28s-f s ninst must be notified Funeral Director	11614 Sun Circle Way 2104			USA	outing i						
era ma	11. Mantal Status 12. Was Decedant Evar in U,S. 13. Was Dacedant of the Company o	of Hispanic Origin? (Sp	ecify Yas or No-	14. Race - Am	naricen Indian.						
Fur King	1 Navar Marriad 20 Married 1 Yas 2 No	of Hispanic Origin? (Sp uban, Maxicen, Puarto	Ricen, atc.)	Black, Wh	ita, atc.						
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1 8 8	17. Fathar's Nama (First, Middla, Last)	18. Mothar's Nam	e (First, Middla, M	laiden Sumama)							
Menta writed wife ev	Edgar L. Thomas, Sr.	Li	.11ian Ho	wze							
th and N			er or Rural Routa Number, City or Town, Stata, Zip Code) Vay, COlumbia, Maryland 21044								
Heal dher dher	20a. Method of Disposition 20b. Place of Disposition (Nama of			0c. Location - City of							
= 5	XXXX Buriai 2 Cramation 3 Ramoval from Stata cematary, crematory or other										
and the	4 Donation 5 Other (Specify) Christ Episcopal Church Cemetery 3-23-96 Columb										
Important any injury sace	10 11 4 11 11 11	frass of Facility Funeral Ho	ome, P.A.								
	M00535 Ellico	tt City, M	Maryland	21043	T 42224						
-8. F W	Pint1. Entar the disease, of complications thet ceused the death. Do not enter the mode of chock, or heart failure. List only one cause on each line.	lying, such es cerdiac	or raspiretory arres	st,	Approximate Interval Batween Onset and Death						
hysician /Medicai	Immediata Causa (Final	•			2 4 6						
xaminer	Immediate Causa (Final di asa or condition rasulting In daeth) e. C'HRONC (Fan +7)	THIT			LTONE						
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page page			1 🗆 Yas	PLINO	1 ☐ Yas 2 ☐ No						
s certificate has director, page 2 O Be Comp	25. Was cesa rafarred to medicel axeminar?	28. Placa of Deat	h (Check only ona)							
5 Q 5	1 Yas 2 No Hospital: 1 inpatient 2 ER/Outpatient 3 DOA	Other: 4 Nursing Ho	oma 5 Rasiden	nce 8 Other (Sp	ecify)						
	27. Manner of Death 28a. Data of Injury 28b. Time of 28c. in [Month, Day Year] Injury 28b. Time of 28c. in [Month, Day Year] 28b. Time	njury at	28d. Describe hov	w Injury occurred							
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ours after death. eral Director: After tilled in by the funer. I Certification:	3 Suicida 4 Homicida 8 Could not be datarmined datarmined building, atc. (Spacify)	Ce Ce	28f. Location (Stre City or Town,		Rural Routa Number,						

29c. Licansa number

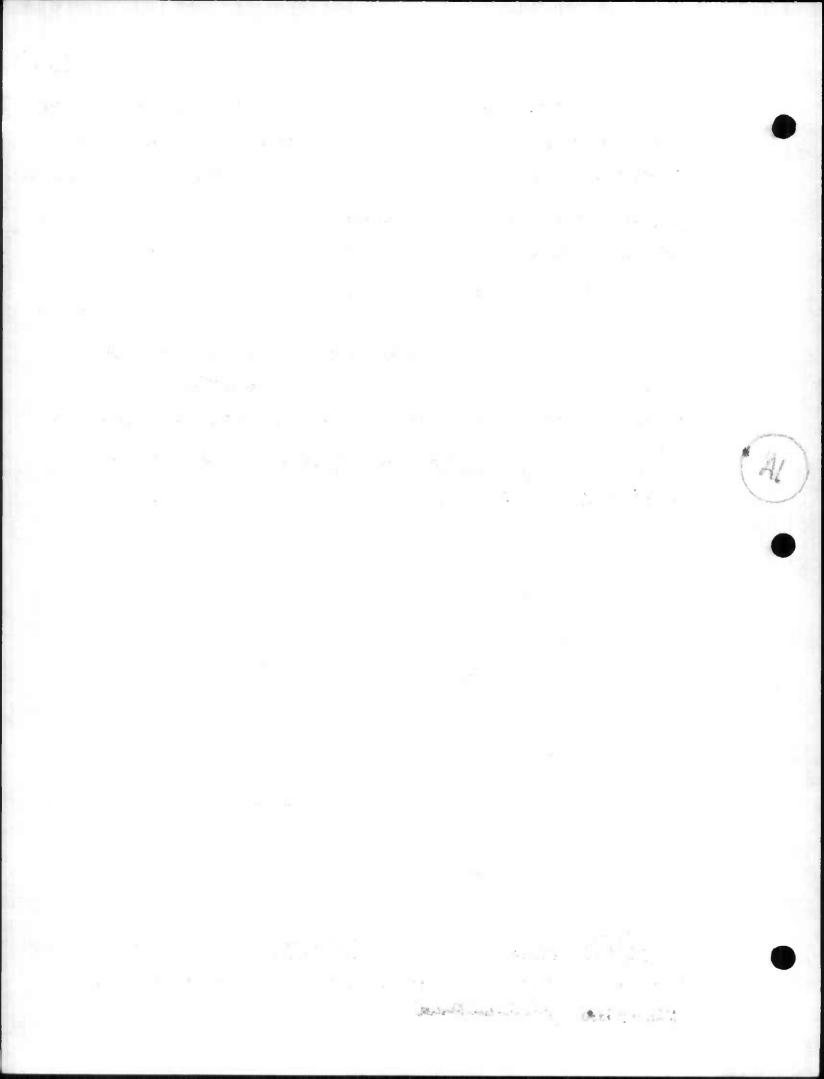
29d. Data signed (Month, Day, Year)

March 21, 1996

21043

30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) H.A.Oken, MD 3460 Ellicott Mills driv 31. Data filed (Month, Day, Year) MAR 2 2 1996

3460 Ellicott Mills drive, # 103, Ellicott City, MD



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

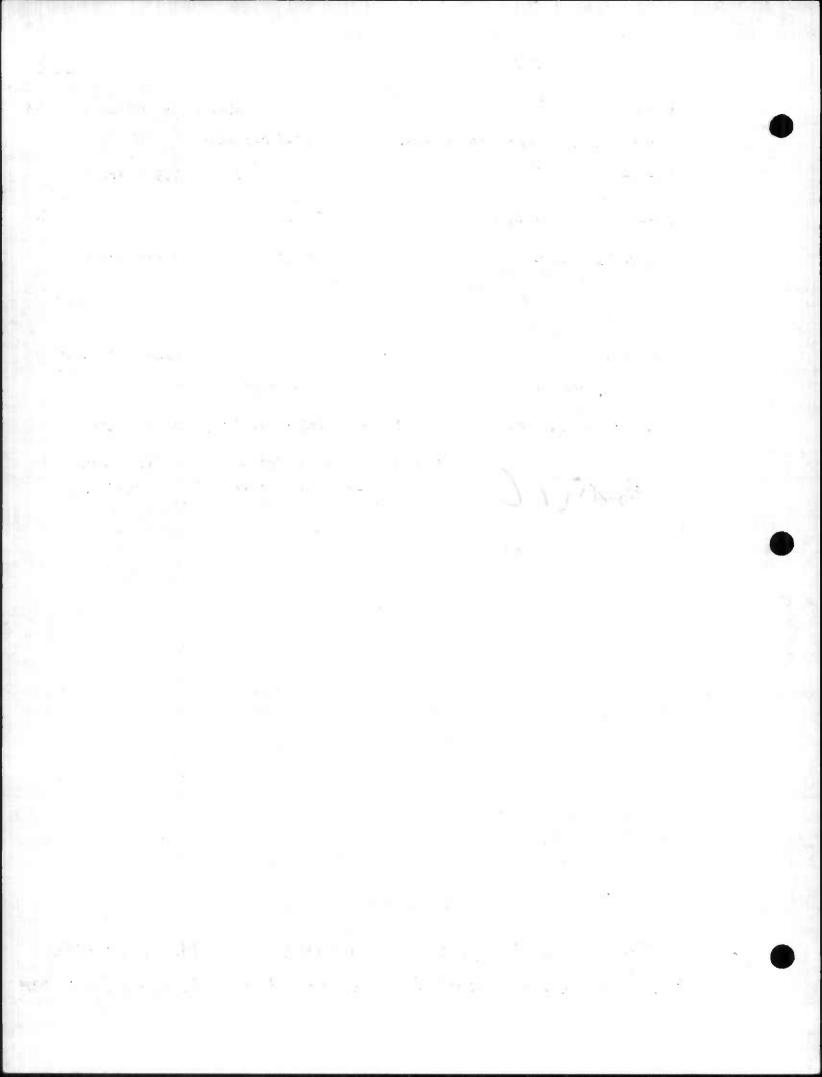
State of Maryland / Department of Health and Mental Hygiene Filmg, 733, item #1, 3/22/96,cyw, per fh Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time III Deeth DAVID MICHAEL ULIRICH, SR. 2. Data of Death **Physician** 6:36 PM 1996 18, 1996 4c. County of Death March /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Baltimore City Johns Hopkins Bayview Medical Ctr. If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** N☐M 2□ F Months Director 219-26-4928 Maryland Usuai Rasidanca ot Decedani the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other treumetic event, the Medical Examiner must be notified at Dundalk 1 Yas XXNo Director Baltimore Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1920 Denbury Drive 21222 United States Funeral 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 27 No tt Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or item eny Injury or other treumatic event, the Medical Examples once. 1 Navar Married 2(XMarriad 1 ☐ Yes 2 ☐ No Specify: Baltimore, Maryland 21215-0020 White ρ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamantery/Secondary (0-12) College (1-4or 5+) Welder Automotive Industry 12 Years 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nema (First, Middla, Maiden Sumama) Be Charlotte Zink Jerome W. Ullrich 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. Patricia J. Ullrich 1920 Denbury Drive Dundalk. Maryland 21222 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data Namovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Dundalk, Maryland Holy Rosary Cemetery 3/22/96 21. Signature of Funeral Se 22. Nama and Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland shock, or haart tailura. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical immedlete Causa (Final Meningiti disaasa or condition rasulting in death) Examiner Abscess attending physician and for use as the burlal-transit that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaase or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? ate has been signed by page 2 should be detact Sinusit 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy tindings available prior to complation of cause of death? Be Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No certificate Division of Vital To the Hospital or Attending Physician: I within 24 hours effer death.
To the Funeral Director: After this certifica completely filled in by the funeral director. 25. Was case referred to medical axaminer? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 22 No ٩ 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mennar of Death 1 Monatural 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Medical Certification: 28b. Tima of 28d. Dascribe how injury occurred 5 Pending invastigetion 1 Yas 2 No 2 ☐ Accident 6 Could not be 3 Suicida 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida tactifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Cartifiar 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) N1243 M.D. 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) M.D. Bayrew Medical Center Eastern Are, Batt, HD 21024.

32. Registrar's Signatura

Julia Davidson-Andelle Kevin 31. Date tiled (Month, Day, Year) State MAR 2 2 1996 Registrar

DHMH 16 Rev 6/95



notified at once.

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exami

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H			YGIENE EG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) HILDA MATHIL	DΔ	VON	ASEK		2. DATE OF I	DEATH		3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	URTN		LACE (State or Foreign		
217-16-0169 98. FACILITY NAME (If not institution, give s		38 YRS.	MONTHS DAYS	HOURS MIN.		14,1908	Country)	aryland		
Saint Joseph Med RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT Maryland Bal				son, Man			Baltimo			
10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ON				IOd. INSIDE CITY		
Maryland Bal	timore	Pa	rkville	ZIP CODE				LIMITS? I YES 2 NO HAT COUNTRY?		
3219 Hiss Ave.			100.	21234			.S.A.	IAI COORTHY?		
100. STREET AND NUMBER 3219 Hiss Ave. 11. MARITAL STATUS 1 Never Married 2 TX Married	12. WAS DECEDENT EVE	R IN U.S. ARMED		NOENT OF NISPAI	VIC ORIGIN? (S	pecify Yea or No-	14. RACE	- American Indian,		
3 Widowed 4 Divorced	FORCES? 1 TY			cify Cuben, Mexica 2 X NO Specifi		n, etc.)	Black, Specify	White, etc.		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10 yr S 17. FATHER'S NAME (First, Middle, Lust)	CATION completed)	16a. DECEDENT'S L	ork done during mos	N t of working	18b. KIN	D OF BUSINESS/INC	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use				0 11-				
17. FATHER'S NAME (First, Middle, Last)		Homemak	er.	18 MOTHER'S NA	ME /Elent Middl	Own Hor	ne			
Anton	Zitnik			Marv			lemen	+		
MAN INFORMANTIS NAME (See Octob)	2101111		ADDRESS (Street a			City or Town, State, Zip		C .		
Frank J. Vonasek		Same as #10								
20s. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE OF Commetters, cremetory or oth Gardens	F DISPOSITION (Ne		3/96	20c. LOCATION —				
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE PAUL	artsock ir		D ADDRESS OF FA		Baltimor		land 21214		
Paul L. Kl	artsoch It	7				5305				
shock, or heart failurs. IMMEDIATE CAUSE (Finsi disease or condition	disease or condition resulting in desth) . PNEUMONIA WITH SEPTICEMIA									
	DUE TO (OR A	S A CONSEQUENCE OF	:							
Sequentisity list conditione, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE OF	:							
Sequentisily list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	C. DUE TO (OR A	S A CONSEQUENCE OF		40.40			-7			
resulting in desth) LAST	d		-							
PART II. Other significent condition	ns contributing to deet	h but not resulting in	the underlying	ceuse given in	1	PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
<u> </u>								1 TES 2 NO		
DID TOBACCO USE CONT	RIBUTE TO CAUSE			UNCERTAI	Ν□					
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XO 27. MANNER OF DEATN	HOSPITAL:	26. PLACE OF DEATH	OTHER:	5 🗆 Residence	8 Other (Sc	pecify)				
27. MANNER OF DEATN	28e. DATE OF INJUI	RY 28b. TIME	OF 28c, INJ	JRY AT		BE HOW INJURY OC	CURED			
1 Netural 5 Pending 2 Accident Investigation	(month) Day, 100			ES 2 NO						
	28a. PLACE OF INJI building, etc. (5	URY — At home, ferm, at Specify)	reet, factory, offic			ON (Street and Number own, State)	or Rural Ro	oute Number,		
	ICIAN: To the best of my k							and manner as stated.		
	R			29c. LICENSE NU				Month, Day, Year)		
296. SIGNATURE AND TITLE OF CERTIFIE The attendard 30. NAME AND ADDRESS OF PERSON WITH	D, de Les		-	D 1950				21,1996		
NATIVIDAD D. DEL	EON, M.D., S	T. JOSEPH		CTR., 76	20 YOR					
MAR 2, 2 1996	AZ PEQUIRALS									

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MAHYLAND 21203-3146	10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be field within 72 hours after death with the blate begin, of realin and memal hypering prior to belief, or removed. Or removed, or removed to the modified at once.	
	2	2	8	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	MAIC				AY YEA	3. TIME OF DEATH
	MILI) RED	5. SEX 6. AGE	(in yrs. lest birthdey) F	INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	213 14 9428	1 M 2 XF	YRS. MON		(Month, Day, Year)	C	ruland
	9a. FACILITY NAME (If not institution, give a	treet and number)	9b.	CITY, TOWN OR LOCATION OF D		9c. COUNTY C	
OB	Bon Secour Hospin	tal	1.	Baltimore		n/a	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
	Maryland n/a		Bali	timore			1 X YES 2 NO
RAL	10e. STREET AND NUMBER			101. ZIP CODE			DE WHAT COUNTRY?
FUNERAL	1 West Conway St	reet-Apt. 100		21201 13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	U.S.	AACE — American Indien.
BY FL	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Mexic 1 TES 2 X NO Speci			Specify: Black
	15, DECEDENT'S EDU	CATION	16a. DECEDENT'S USU	AL OCCUPATION	16b, KIND OF BU	SINESS/INDISTS	av.
13	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during most of working	TOO. KIND OF DO	311123011120011	
COMPLETED		unknown	Clerical	Coordinator			ins Hospital
	17. FATHER'S NAME (First, Middle, Last)	++			AME (First, Middle, Maiden		
BE	Glendi Summner Sc 190. INFORMANT'S NAME (Type/Print)	(cousin)	19b. MARLING ADD	PRESS (Street and Number or Rural	Avell Coo		9)
2	Mr. Vernon Smith	(2000 010)	3002 Hai	rlon Avenue-Ba	ltimore, M	aryland	21216
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	ovat from State	b. PLACE OF DISPOSITIO other place)	N (Name of cemetery, cremetory or	20c. LC	OCATION — City	or Town, State
	4 ☑ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL BEHVICE LIC	CENSEE		22. NAME AND ADDRESS OF F	NCILITY .		
	Bosin Bosi	eph B. Vansai	nt/	State Anatomy Baltimore, Ma			timore Street
1	23. PART Y. Enter the diseases, or						Approximate
	IMMEDIATE CAUSE (Final	List only one ceuse on e				_	Onset and Death
	disease or condition resulting in death)	. RUPTUR	ED AOR	TO LLIAC PS	EUDOAN	Eurys	m I day
_		ATHEROS	CLERUTION	VASCULA	AR DIS	EACE	30 yrs
OI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	0.1300			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO OR AS	A CONSEQUENCE OF:				
CERTIFICATION	that initiated events resulting in death) LAST	d.	.,				
	PART II. Other significent condition	ns contributing to death	but not resulting in ti	na underlying cause given le	Part I. 24s, WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL			-			RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC						^	1 YES 2 NO
N.	25. WAS CASE REFERRED TO MEDICAL						
PHYSICIAN:	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C THER: Nursing Home 5 Residence			
ЭНХ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJURY AT	28d. DEŞCRIBE HOW	INJURY OCCURE	ED
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	Y — At home, farm, etree ecify)	t, factory, office	28t. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wiedge, death occurred a	t the time, date end place, end du	e to the cause(s) and m	enner as stated.	
1 5	(Grieck brilly	Water Company of the		n my opinion, death occured at th			use(e) and manner as stated.
: o				I as a consum of	IMBER	I 204 DATE ON	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	7 0		29c. LICENSE N	1001	290. DATE SIG	SNED (Month, Day, Year)
	29b. SIGMATORE AND TITLE OF CERTIFIE	agrand	EATH (ITEM 27) (Type Prin	D41	1836	→ 3	19 96
BE	Suntitores	agrand	MP EATH (ITEM 27) (Typo, Pris 4713	D41	1836	1 3 MO	21227

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be hied within 72 hours after oeath with the State Dept. or readin and Mental hyperne prior to burial, cremator, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
R ATTENDING	RECTOR: After	urs after deam
E HOSPITAL O	E FUNERAL DI	d within 72 ho
E C	HT OF	IMPO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 :	tem12,13	,10a,1	ob,19a,1	90 3-23-	-90 r.	T TillG / 3	J # • 1:	er er	A. D	varu		06	08297
	R ATE GISTRAR		STATE OF M	MARYLAND /		TMENT OF			MENTA	L HYGIEN REG. NO.		0	00231
	DENT'S NAME (First,								2. DATE	OF DEATH	W	_YEAR	. TIME OF DEATH
	MARGARE					NSCH				Mar 1	5 199	8	12:36 pm _M
4. SOCIA	AL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDER 1 YE		DER 24 HRS.	7. DATE	NO BIRTH	010	8. BIRTHPI Country)	LACE (State or Foreign
	<u>-42-5698</u>		1 ☐ M 2 💢 F	85	YRS.	WONTHS CAR	is noon	wine.	Marc	110,1	910	Wisc	onsin
	LITY NAME (If not in					9b. CITY, TO						TY DE DE	
III.			dical Cente	<u> </u>			OWSO	n, Mai	ryiana		<u> </u> '	Baltim	ore
RESID	ENCE OF DEC	10b. COUNTY	1		I toc CITY	, TOWN DR LO	OCATION					Τ,	od. INSIDE CITY
Mari	yland	Balti	more		_	owson.							LIMITS?
1	REET AND NUMBER	Bucci	moree			0000010	10f. ZIP C	ODE			10- 0171		YES 2 ND
		ly Roa	d-Apt. 5	03				286			100	.S.A.	AL COUNTRY?
	ITAL STATUS		12. WAS DECEDEN FDRCES? 1	VEC 9 W	MO	If you	DECENDEN	T DF HISPAI	NIC DRIGII	f? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
11	ver Married 2 idowed 4 Divo		IF YES, GIVE V	AR OR DATE	iknow	10		O Specif					white
	15. DEC	EDENT'S EDU	CATION COmpleted)	16a. DE	CEDENT'S	USUAL OCCUI	PATION	oddaa	168	. KIND OF BU	SINESS/IND	USTRY	Ed.
	nentary/Secondary (C	1-12)	College (1-4 or 5	+)	. Do NOT us	vork done durin e retired.)				0 11	arrest a		
1111/2	иоми 12t	h un	known 4Y	rs un	nown	Hou	sewi	re		OMIN!	ame		- 0.0
	er's name (First, Manz Armi		ki				Edy.	OTHER'S NA	ME (First	Middle, Maiden	Surname)		
	ORMANT'S NAME (1						100						U
	d M. Glo	4.1	Friend)	UU	eknow	# 8720	Wind:	sor M	ill I	ber, City or Tow Road B	n, Stata, Zip altim	ore,	MD. 21244
1 Bu	THDD OF DISPOSIT	on 3 🗆 Rem	oval from Stata	20b. PLACE cemetery, cri		FDISPDSITID	N (Name of		DAT	E 20c. LO	CATION —	City or Tow	n, State
7.0	IATURE DF FUNERA	L SERVICE LIC	CENSEE			22. NAM	E AND ADD	RESS OF FA	VEILITY	1 155	() D	04:	. Otroot
Ro	mald	Rong	ild S. Wo	ide, Dir	•	Balt	te Ani imore	atomy 2, Ma	Boari rylar	a-655 l ad 212	w. Ba	559	ore Street
23. PA	RT I. Entar the d	Iseesea, or o	complications the	it caused the d	ath. Do n	ot enter the	mode of	dying, suc	h aa can	dlac or reap	iratory arr	eat,	Approximata
IMMED	DIATE CAUSE (Fir		List only one cet	see on each iin									Interval Between Onset and Death
diseas	e or condition	→	ACUT	E RESPIR	ATOR	Y FAILU	RE						7
	ing in death)		DUE TO	(DR AS A CONSE	OUENCE DI	j:							1
			EMPH	YSEMA									7
If any,	ntially list condit leading to imme Enter UNDERLY	diete	DUE TO	(OR AS A CONSE	OUENCE OF	7:							
that in	E (Disease or Injuitiated events ing in death) LAS		DUE TO	(OR AS A CONSE	OUENCE OF	F):							
PART	ii. Other algnifica	int condition	ns contributing to	death but not	resulting i	n the under	lying caus	e given in	Pert I.	24s. WAS AN			WERE AUTOPSY FINDINGS
1										PERFDI	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
III													Type a my

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

1 YES 2 YE	1 Impatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 - Residence	6 Other (Specify)
27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fac	tory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
onel				s to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, 29c. LICENSE NUMBER on D 42723

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7620 YORK RD., TOWSON, MD. 21204 HARISH M.D., DR. AVVERAHALLI M.

32 Aggieth B's stenature MAR 2 2 par)

1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Death March 15, Day 1996 Year **Physician** William F. Whipps 9:40 am /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Howard County General Hospital Columbia Howard County If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Months Days Houra Min. (Mostly Day) Year) 1920 5. Sociel Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** Months CEXM 2□ F Maryland 214-18-1041 75 Director Usual Rasidence of Dacedant 10b. County 10c. City. Town or Location worls 10d. insida City Limits r than "natural", or litems 23s or 28s-f show the Medical Examiner must be notified at Howard County Ellicott City 1 Yas 2 No Director 10e. Street and Number 10g. Citizen of What Country? USA 10f. Zip Coda 21043 6213 Waterloo Road Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1≦ Yas 2☐ No If Yas, Giva 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puarto Rican, atc.) 11. Meritai Status 14. Race - American Indien, Bleck, Whita, atc. 1 Nevar Married 2 Married b aryland 21215-0020 1 ☐ Yes XX No Specify: Specify: white by 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: WWII Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elamantary/Sacondary (0-12) Collaga (1-4or 5+) Machinist Diesel trains 17. Father's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middle, Malden Sumama) Be 2 should be 1 and Mental 1 Edgar Whipps Annie Rhine 2 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code 6213 Waterloo Road, Ellicott City, Maryland 21043 19a. Informant's Nama/Ralationship (Type, Print) Ms. Helen Whipps/spouse 20b. Placa of Disposition (Nama of cametary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State XXX Burlal 2 Cramation 3 Ramovel from State Crestlawn Memorial Gdn. 3-18-96 Marriottsville, MD 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Nama and Address of Fecility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 Port I. Enter the disease, or ac inplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, book, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** fmmedieta Causa (Final disaasa or condition rasulting in deeth) /Medical **Examiner** Examiner Recal fri les sician and burial-transit Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Couse (Disease or injury that initiated avants resulting in death) Lest Dua to (or as a consequence of): P.O. Box 68760, nding physician use as the buria Descripe mellities 8 Physician/Medical Due to (or as e consequance of) signed by the attending to be detached for use as Athrosoluetec Conductorales desage Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Records, by 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed page 2 s certificate has 1 ☐ Yes 2 No 1 Yes 2 No Division of Vital 25. Wes casa referred to medical axaminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 ER/Outpatient 3 DOA 1 Inpatient this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Dascribe how Injury occurred Certification: After Attending 5 Pending Invastigation 1 Natural **fniury** To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: All completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datermined 3 ☐ Sulcida 28f. Location (Streat and Number or Rural Route Number, City or Town, Steta) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledga, death occurred at the time, date and plece, end due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and mannar stated. edicai 29a. Certifier 29d. Data signed (Month, Day, Year) 29b. Signature end title of case 29c. License number D22856 March 15, 1996 30. Nama and eddrass of person who complated causa of death (Itam 23a) (Type, Print) Jerry I. Levine, MD, 11055 Little Patuxent Pky., Columbia, MD 21044 32. Registrar's Signature 31. Data filed (Month, Day, Year) State

DHMH 16 Ray 6/95

Registrar

MAK 2 2 1996

Market State of the state of th

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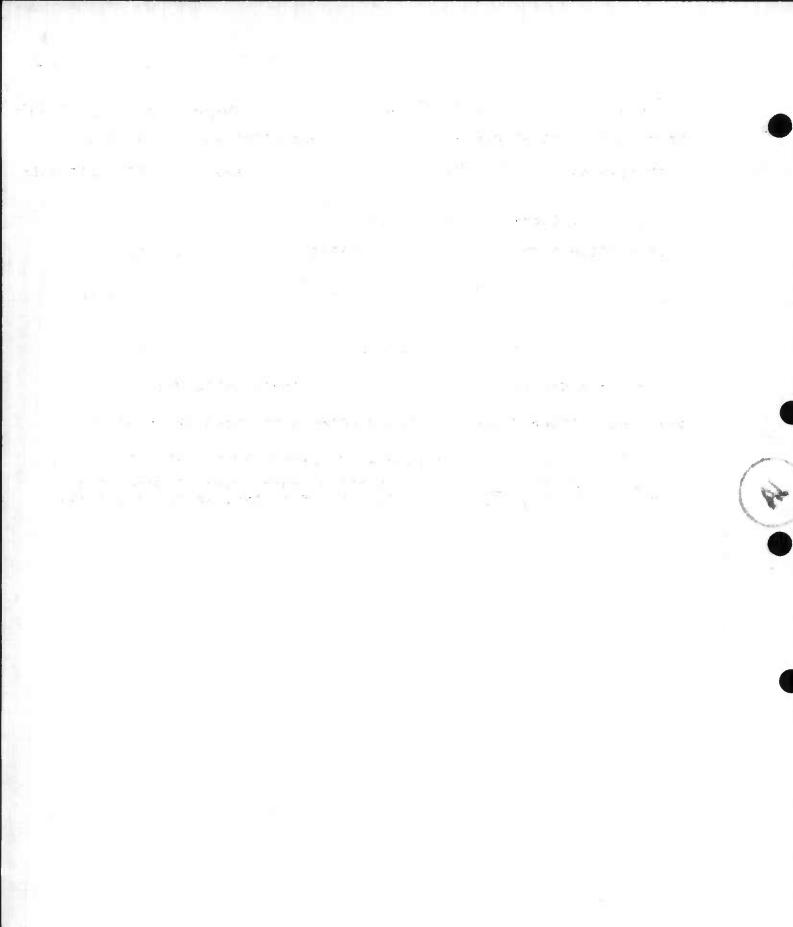
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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08299

						Certific	cate of	Death		Reg. No.) 0	02	55
	Physici	an	1. Decedent's Nama (First, Middla, Li	,					2. Data of D Month		Yaer	3. Time	of Death
	/Medi		MARTORIE	CW	11日	12			mag		96	2	SUA
A.	Examir	ner	4e. Fecility Nama (If not institution, gi Northwest Hosp:		2.50			4b. City, Town, or					
						- 441		Randall	LStown	Bal	Ltimo	ore	
	Funeral Director		157-30-0503	Sax 7. Aga 1 □ M 2 ☑ F	(In yrs. last bi	Yrs. Mor	inder 1 Yaar oths Deys	Hours Mir	8. Data of B (Month, D Aug.	Ballith Year)	9. Birthple Count Ca I	ace (State	e or Foreign rnia
	and *		Usual Rasidence of Decedant 10a, Stata 10b, County		10c. City, Tow	m or Location)					nd ineide	City Limits
	Mary!	5	MD. Baltin		Woods						1.0		as 2 No
	h the Maryland r 28a-f show	Je C	10e. Street end Number			10	f. Zip Coda			10g. Citizen of V	Vhat Count	in/?	
	after death with the Maryland or Items 23a or 28a-1 show sminer mast be notified at	Funeral Director	3311 Peddicoat	Ct.			2116	3		U.S.A.			
	itsms iner ma	ner	11. Meritei Stetus	12. Was Decedant E	var in U,S.	13. Was D	ecedant of H	lispanic Origin? (en, Maxican, Pue	Specify Yas or N	o- 14. Rec	e - Amarica		
Maryland 21215-0020	filed within 72 hours after thylene. The Man "natural", or its and the Medical Examine	by	1 ☐ Never Merried 2 ☐ Married	Armed Forces? 1 Yas 2 No If Yas, Give Year or Datas:			as 2 No	Specify:	no Hican, etc.)		k, White, e Whi		
5-0	n 72 hours "natural",	Completed	15. Decedant's E (Specify only highest gr	ducation	16a	Decedant's	Usual Occup	ation	n dela a	16b. Kind of Bu	isiness/ind	ustry	
21	thin .	pie	Elemantary/Secondery (0-12)	Goilega (1-4or 5+	1			ation during most of wid)	orking				
2	Man and Man	Con		' 4	Ho	omemal	ker			Own Ho			
Pu	m = 0 =	Be	17. Father's Name (First, Middla, Las.						and the second	e, Maiden Surnam	a)		
yla	should be nd Mental marked o	ပု	Henry John Har						Belle				
Aar	2 ahd is ma rauma		19e. Informant's Name/Relationship							ber, City or Town,			
	sand m 27 her t		Rev. John Wilbu	ir / Son				oat Ct.		Stock N			
lore,	1 cot 1 miles		20a. Mathod of Disposition 1 □ Burial 2 □ Crametion 3 □	Removel from Stata	cemata	f Disposition ry, cramatory	or other plea		Dete	20c. Location -			
The state of	111		4 ☐ Donation 5 ☐ Othar (Speci	fy)	Chesa	peake	Cre	matory	3/22	Beltsvi	.lle,	, MD	•
4	Par par a		21. Signatura of Funaral Service Lice	al to						al Home		nc. 1228	
Ì	Name of Street		23a. Pert1. Enter tha disease, or con shock, or haart fallure. List only	pplications that caused to	ha deeth. Do	not antar tha	mode of dyir	ng, such as cardia	ac or raspiratory	arrest,		Approxim	nata
	Physician		shock, or heart landie. List only	One cause on each mie		9						Intarval B Onset an	d Death
7	/Medical Examiner		Immediata Causa (Final disaasa or condition	Vn	eym	omo	λ				- -	FO	WP-
1	Examiner		rasulting in death)		ue to (or es e								
	pe si	line		b							i	DE	345
	be executed sician end burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	D	ue to (or as a	consequance	of):						
68760,	The law requires that the death certificate be executate has been signed by the ettending physician end bage 2 should be detached for use as the burial-tran		Sequentially list conditions, if any, leading to immediate cause. Enter Undarfying Cause (Diseasa or Injury that initiated events rasulting in death) Lest	C. ———————									
387	physics the t	Medical	rasuiting in death) Lest	D	ue to (or es e	consequance	of):				i		
- 24	n certifica anding pl use es		L	d									
Bo	eath ce ettendi for use	clar											
0	res that the de igned by the ell be detached i	Physician/	Pert II. Other significant conditions	contributing to death but	not rasulting i	n tha undarly	ing causa giv	en in Part i.		tobacco use coi			۸,
0	that ned b	by P				7			. 1	Yes 2 No	3 Prob	abiy 4	Unknown
of Vital Records,	puires n sign	D D							24a. Wa	s an autopsy	24b. Wa	ra autops	y findings
၀	w require been si should	let							per	ormed?	com	Illable price npletion of leath?	
Re	The law ata has page 2	Completed							10	Yas 2 No		Yas 2	□ No
tal		BeC	25. Wes casa rafarred to medical					26 Place of De	eath (Check only			105 2	
>		To B	axaminar? 1 ☐ Yas 2 ☐ No	Hospital: 11 Inpatian	2 ER/O	utpetient 3	DOA Oth	or		idence 6 Oth	as (Specify	1)	
0	ling Phys	- I	27. Manner of Death	28a. Date of Injury (Month, Day	28b.	Time of	28c. injur Wor			how Injury occurr			lea-in-
0	Attending I r death. octor: After by the funer	atlo	1 Natural 5 Panding 2 Accident invastigation	n	, oar)	М		Yas 2 □ No					
Division	or Attendation of the death Director:	t t	3 Suicide 6 Could not be datarmined	28a. Placa of Injur- building, atc.	y - At homa, fe	erm, straat, fa	ctory, office		28f. Location	(Street and Numb	er or Rural	Routa No	um <i>ber</i> ,
	tal or as afte ed in	Certification:		bollowing, ato.	(Opoony)				Ony or re	, Otata)			
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifiar (Check only one) 1 Certifying Ph	nysician: To the best of miner: On the basis of e and manner state	xamination an	e, death occu d/or invastiga	rred at tha tin atlon, in my o	na, data and piac pinlon, death occ	e, and due to the curred at tha time	ceuse(s) end ma , data and place,	nnar as sta and dua to	ited. the cause	e(s)
	To the Within 2 To the comple	×	29b. Signetura and title of certifier				29c. Licans	a number		29d. Date signed	d (Month, E	ay, Year)
	1 1		freece	Pon a			D	4379	50	MARI	# 2	19	6
1		ŀ	30. Nama and addrass of person who	completed causa of das	ath (Item 23a)	(Type, Print)						0	
	1		HENRY OGE	1 MOR	THE	EGT	HOG	PITTO	1 CE	MITER	-131	4211	MORE
	Sta		31. Data filed (Month, Day, Year)	32. Registrer	a Signature		7						
	Registr	ar	MAR 2 2 1996										



BALTIMORE, MARYLAND 21215-0020

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no	AAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should 1	
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1	the	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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TAL OR ATTENDING PHYSICIAN: Th	-	2
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		Item4 3-22-96 F	ilmG/33 W.H	.Per F/H	Ī					00		0000			
		FOR	CT.TT OF 14101/								U	8300			
		1 - STATE REGISTRAR	STATE OF MARYL				DEATH AND		HYGIENE REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)					DEATH	2. DATE OF	F DEATH		3. 1	TIME OF DEATH			
		Margaret h		MONTH 3	19		EAR S	3:40P.M.							
		4. SOCIAL SECURITY NUMBER 21-5-64-8571.	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, C	BIRTH Day, Year)	8.	BIRTHPLAC Country)	CE (State or Foreign						
pin	P			70 YRS.	MONTHS				(Month, Day, Year) 01/08/ 1905 Mary						
3 should	œ	8a. FACILITY NAME (If not institution, give street of the		Ctr		tim	O Y C	DEATH	- 1	9c. COUNTY	OF DEATH				
1, 2,	210	RESIDENCE OF DECEDENT	Tyview ned	. 001	Das	CIM									
Sages	DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN		ION					. INSIDE CITY LIMITS?			
iji.		MD. Balti	more	Du	ndal		710 0005					YES 2 NO			
physician. burial-transit permit. Pages 1, 2,	FUNERAL	208 Helena Ave.					1222		- 1	U . S	OF WHAT	COUNTRY?			
iclan. Il-tran	N		12. WAS DECEDENT EVER II	N U.S. ARMED	13.		ENDENT OF HISPA	NIC ORIGIN?	Specify Yea o		RACE - A	American Indian,			
phys buria		1 Never Married 2 Married	FORCES? 1 YES			If yes, spe	ecify Cuban, Mexic 2 XNO Speci	an, Puerto Rici	an, etc.)		Black, Wh	illa, etc.			
as the	D BY	3 🖔 Widowed 4 🗌 Divorced										White			
or affe	E	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a. DECEDENT': (Give kind of life. Do NOT	work done	during mos	ON st of working	16b. K	IND OF BUSH	NESS/INDUS	TRY				
spital ed fo	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem	,			ow	n hor	me					
the hospital or att detached for use once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, M							<u> </u>					
d be	ш	John Schaller					Wilhel	mina	Taylo	or					
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
y be re page 5		William White /	Nephew						_						
fire 6 may be retained by the hospital or attending physician, il director, page 5 should be detached for use as the burial-tran ner must be notified at once.		1 (X Burlel 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	al from State cen	PLACE AND DATE	other place)			22/96	20c. LOC/						
ll dire		21. SIGNATURE OF FUNERAL SERVICE LICE	M t	. Carm		NAME AN	ID ADDRESS OF F		Da.	LCIMO	,,,,	110.			
funera	1	* KHOO. A	1/2/1				ey-Ash								
y the noval.		23. PART 1. Enter the diseases, or co	mplications that cause	the death. Do								MD.21222 Approximats			
rted with hot to completely filled in by the fall, cremation, or removal c event, the medical e		shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death													
ely fille attion,		disease or condition -> s. Suden death or free wall rupture of left ventricle Due to (or as a consequence of):													
ompleteh ompleteh ul, crema event,															
executed with n and complet to burial, cren matic event	N	Sequentially ilst conditions, b. my occarding infrarction													
e be execut sician and c infor to buria traumatic	ERTIFICATION	Sequentially list conditions, If any, leading to immediata csuse. Enter UNDERLYING													
death certificate be es attending physician a ental Hygiene prior to iry, or other traum	FIC	CAUSE (Disesse or Injury c. that initiated events		i											
OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept of Health and Mental Hyglene prior item 28 is marked, or item 23 shows any Injury, or other traus	IH	resulting in death) LAST d.									1				
the death y the attend of Mental	ਹ	PART II. Other significant conditions	contributing to death b	out not resulting	In the u	ndarlying	causa given Ir	Part I 2	4a. WAS AN A	IIIDev	Zab WEE	RE AUTOPSY FINDINGS			
uires that the signed by til Health and i www any in	EDICAL				AT 1110 G	· · · · · · · · · · · · · · · · · · ·	y cadea given ii		PERFORM	IED?	AVA	ILABLE PRIOR TO			
een signe of Health								'	YES 2	NO		DEATH? YES 2 NO			
w required been pt. of she	N. M							-				1 125 2 NO			
SICIAN: The law requestificate has been to the State Dept. of 1, or item 23 sho	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C	heck only one)							
ician: The ertificate the State or item	YSICI	1 YES 2 NO	Inpetient 2 ER/Out	patient 3 🗆 DOA	4 Nu	R: rsing Hom	e 5 Residence	8 🗆 Other (S	Specify)						
PHYSIC this ce with t	РНУ	27. MANNER OF DEATH The Author of Death	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF		RK?	28d. DESCR	RIBE HOW IN,	JURY OCCUR	ED				
DING PHYS After this death with s marked	В	2 Accident Investigation	28a. PLACE OF INJURY	_ At home ferm	etroet for		rES 2 NO	201 1 0001	ION (Street an		0 1 0 1				
TOR: /	TED	3 Suicide 8 Could not be detarmined	building, etc. (Spec	cify)	street, rec	tory, office	•		Town, State)	d Number or .	HUMI HOUR	Number,			
OR ATTENDING DIRECTOR; After hours after death item 28 is ma	"	29a. CERTIFIER CERTIFYINO PHYSICI	AN: To the best of my know	ledge death occur	red at the	time data	and place, and du	a to the cause	(a) and mann	ne se stated					
HOSPITAL FUNERAL WITHIN 72)	СОМР	anni	On the basis of axaminatio								ause(a) and	I manner as stated.			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If it	CC	296. SIGNATURE AND TITLE OF CERTIFIER	n				29c. LICENSE NU					nth, Day, Year)			
TO THE TO THE DE filed IMPOR	0 8	Xtem	lun				AF2664	14200 9		> 2	105/	96			
	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /7/2	e Print						+	- 10			

D CAUSE OF DEATH (ITEM 27) (Type, Print)

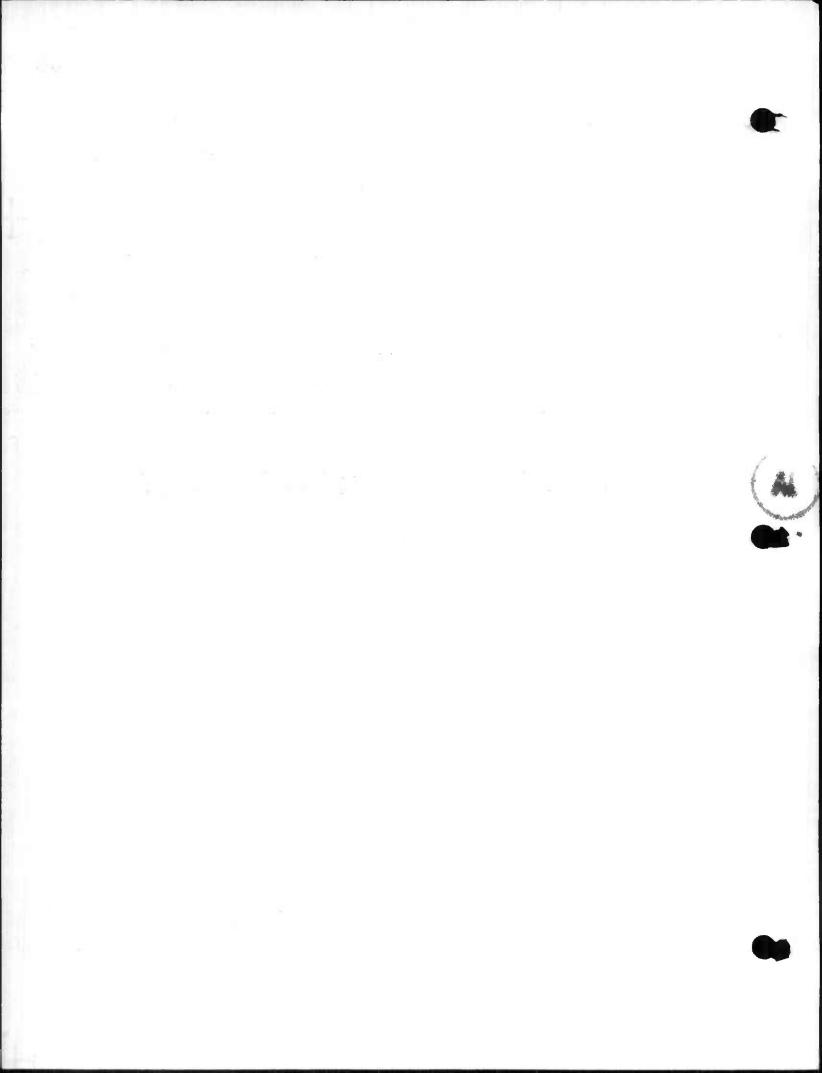
Steven W. Jng 490 E.

31. DATE FILED (Month, Day, Year)

31. 20 96 MAR 2 2 2 19866 (Standing)

Avenue MAR 22 1996

Jalin Davidson Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Physi		Decedent's Nema (First, Middle Ella Mae	le, Last)	WEIR		rtificate	of	Death		2. Dete of De Month March	Reg. No. Day 20,1996	Yeer 3.	1830 Time of Death	
Exam		4a. Facility Neme (If not institution Franklin Squ								ocation of Deet	ation of Deeth 4c. County of Death			
Funera Directo		5. Social Sacurity Number 299–22–5935	6. Sex 1 M 280 F	Sex 7. Age (In yrs. last birthday) If Under 1			Year	If Under	24 Hrs. Min.	8. Data of Bli (Month, Di	th Year) 27		(State or Foreign	
22		Usual Residence of Decedant 10e. Stete 10b. County	timore		ity, Town or La	cation	MIC	ddle F	Rive		.0/1327	10d. li	nside City Limits	
death with the Maryland ms 23a or 28a-f show . must be notified at	al Director	10e. Street end Number 10 Dahlia La	ne			10f. Zip 0	Code	2122	20		10g. Citizen of			
s after	by Funeral	11. Marital Status 1 Navar Married 2 Men 3 Widowed 4 Divorced	ried 1 Yes	2 □No Sive		13. Wes Decedent of Hispanic Origin? (Specify Cuban, Mexican, Puerto Find Yes 2√2 No Specify:				ecify Yes or No Rican, etc.)	14. Rec Bie	ce - American Inck, White, etc.		
within 72 hour ans. then "natural the Medical Ex	Completed	15. Deceder (Spacify only highe Elementery/Secondary (0-12)	15. Decedent's Education (Spacify only highest grade completed) Elementery/Secondary (0-12) Collega (1-4or 5+) 2Vrs				retire	during most	t of work	ing		nting F	ess/Industry	
ould be filed Mental Hygi arked other etic event,	To Be Co	17. Fathar's Nama (First, Middle, Last) 18. Mother's Nem								me (First, Middle, Meidan Sumema) Gladys Young				
ges 1 and 2 sho t of Health and If Rem 27 is ma or other traums		19e. Informent's Neme/Reletions William Ralph 20a. Method of Disposition 1 ⊠Burial 2 □ Cremetion	Weir			Dahlia	a Li	ane I	BA1t	imore N			State	
Physician /Medica		4 Donetion 5 Other (S 21. Signeture of Funerel Service 23a. Part1. Enter tha disease, or shock, or heert failure. List Immediate Causa (Final disease or condition	Complications that	eech line.	O not ent	00 Mader the mode	ly ce	Funera Ave. 1	al H Balt		Md. 2122	App Inta Ons	proximete rvel Between set and Deeth	
v requires that the death certificate be executed to been signed by the attending physician and should be detached for use as the burial-transit	edical Examiner	resulting in death) Due to (or es a consequence of): Due to (or es e consequence of): b. Dua to (or es e consequence of): grave (ause. Enter Underlying Cause. (Disease or injury that initieted events rasulting in death) Lest Dua to (or es e consequence of):											uay s	
hat the death d by the atter detached for u	Physician/M	Pert II. Other significant condition	ons contributing to	death but not re	sulting In tha u	nderlying cau	usa giv	van in Part I.			tobacco use co		cause of death?	
law requires that that ess been signed by the 2 should be detached	Completed by										s en eutopsy omed?	availabl	utopsy findings le prior to tion of cause 1?	
ician: The law certificate hes l rector, page 2 s	Be Cor		ı					26. Placa	of Deat			1 ☐ Yes	s 2 No	
Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director,	Certification: To E	25. Wes case raferred to medical examiner? 1 Yes 2 No 25. Wes case raferred to medical examiner? 1 Yes 2 No 26. Place of Death (Check only one) 27. Manner of Deeth 28a. Deta of Injury 1 No Noture 5 Pending 28b. Tima of Injury 28c. Injury et Work? 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work? M 28c. Injury et Work?												

29c. License number

R D 1904

29d. Dete signed (Month, Dey, Year) 03-20-96

State Registrar

29b. Signature end title of certific

Dr. Efrain Carrasquillo 9000 Franklin Square Dr. Baltimore, Maryland 21237 Julia Mar Register August

30. Nem Land address of person who complated ceuse of daeth (Item 23e) (Type, Print)

101 M = 90 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08302

						Certi	ficate of	Death		Re	g. No.	, 0	000	Lo	
			1. Decedent's Neme (First, Middle, I	ast)						2. Dete of Deeth	1	M. a.	3. Time of	Death	
	Physici /Medi		Joseph Max	ZI	MMER					Month March 1	Dey 9,1996	Yeer	6:58	PM	
	/wedit Examir		4e. Facility Neme (If not institution, g	ive street end number)				4b. City, To	own, or Lo	ocation of Deeth	4c. County	of Death			
			Franklin Square	Hospital				Ro	ssvi	lle	Baltin	more	Co.		
	Funeral Director		216-03-8622	Sex 7. Age (In 1 M M 2 □ F	yrs. lest birt. 79		If Under 1 Year Months Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Day, May 05,		9. Births	plece (Stete o intry) 11110re, l	r Foreign Md .	
	p .	Usuel Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location									1.				
	after death with the Marylar or items 23a or 28a-f show miner must be notified at	Director	Maryland Balti	more Co.	Esse	x							10d. Inside Cit		
	ath with 23a or 3		10e. Street end Number 864 Sue Grove Roa	d			10f. Zlp Code 2122				U. S.		ntry?		
020	hours ather de ural', or items al Examiner n	by Funeral	11. Meritel Stelus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	in U,S.		is Decedent of Hes, specify Cubi		lexican, Puerto Rican, etc.) Bleck			ck, White,	- Americen Indien, , White, etc. White		
50	72 hours "natural", dical Exp	etec	15. Decedent's (Specify only highest of	Education	16e.	Deceden	nt's Usuel Occup	etion	at of work	ina 1	6b. Kind of B	usiness/in	idustry		
21215-0020	d within piene. rr them "	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)			nd of work done NOT use retired	-		mployeed	l He	atin	g & Ai	r Con	
and	office of the vent,	BeC	17. Father's Neme (First, Middle, La	st)				18. Moth	er's Nem	(First, Middle, M	fe <i>lden Sum</i> en	ilden Sumeme)			
aryla	should b nd Ment marked imetic e	To	Max Emmile Zim 19e. Informant's Neme/Reletionship		19b.	Meiling /	Address (Street			Schuman		State, Ziu	p Code)		
-	2000		Mrs. Anna Margar	et Zimmer(Wif						sex, Mar					
8	- Ja 4		20e. Method of Disposition	20	b. Piece of	Dispositi	ion (Neme of tory or other plea		1		20c. Location				
E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1X Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		411		emetery		3/	22/96 F	orlani I	Io M	are large	a	
ali	mit.		21. Signeture of Fugerel Service Lic				lame end Addre		ity	22/90 IF	arkv11	Te,Ik	атутан	u	
B	Deg Ing		When I			Pulc	ck Towso	on Fur	nera]	Home, Ir	nc.				
		Н	23a. Part Enter the disease, or co shock, or heert feilure. List on	mplications that caused the c	leeth. Do n	ol enter l	50 York the mode of dyir	Road ng, such es	Cerdiac	vson, Mary or respiratory erre	yland 2	21204	Approximete Intervel Bety	0	
Š.	Physician		snock, or neer reliure. List on	y one beuse on each line.		1	× .					+	Onset end D	ween Deeth	
1	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	· Ventrico	lor	41	on 110	ntr	n		-		minut	3	
	D #	iner	_	Ahens	scler	onseque	nce of):	ran	At	en Die	case		VECEN	^	
	and -trans	Examiner	Sequentially list conditions, If any, leeding to immediate											<u> </u>	
60,	cian cian burial												Zyean	vs	
68760,	the death certificate be executed y the attending physician and iched for use as the burial-transit	Medical	thet initiated events resulting in deeth) Lest Due to (or es e consequence of):									1			
×	ding			d								<u> </u>			
Bo	attend	lan													
o.	the de	Physician	Pert II. Other significant conditions	Λ .					l.	23b. Did tol	bacco use co	V	to the cause o		
Δ.	ss that gned b	by	Trustate conv	er, Abdom	mad	ar	neurylu	n		1 🗆 Ye	8 2□ No	3 Pro	bably 4 🗆	Unknown	
Records,	aw requi	Completed								24e. Wes en perform	eulopsy ed?	ev	Vere eutopsy fi valleble prior to ompletion of co i death?	to	
E.	0 - 0	ОП								1 □ Ye	s 20 No	11	☐Yes 21	No	
Vital	delan: The certificate rector, pag	Be (25. Wes case referred to medical examiner?					26. Plece	e of Deet	n (Check only one	,				
of \	Q 10 Z	2	1 ☐ Yes 29 No		2□ ER/Out	patient	30 DOA Oth	4 LI NI	ursing Ho	me 5 Resider	nce 6 Oth	er (Specii	(fy)		
ū	fter th	on:	27. Megner of Deeth 1 ☐ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Day Yea	r) 28b. Ti	ime of	28c. Injur Wor	y et rk?		28d. Describe ho	w Injury occur	red			
sio	Attending r death. ector: After by the fune	catl	2 Accident investigati				M 10	Yes 2□	No						
Division	al or Attending P s effer death. N Director: After t ed in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	28e. Plece of Injury - A building, etc. (Sp	At home, fer ecify)	m, street	, fectory, office			28f. Location (Str. City or Town,	eet and Numb , Stete)	er or Run	al Route Numi	ber,	
	To the Hospital or Atta within 24 hours efter de To the Funeral Directo completely filled in by th	edicai (29e. Certifier (Check only one) 1 S Cartifying F	hysician: To the best of my miner: On the basis of exen end menner stated.	knowledge, ninelion end	deeth oo Vor inves	ccurred et the tin	ne, dete er pinion, dee	nd plece, oth occurr	end due to the ca ed et the time, da	use(s) end me te and plece,	enner as s	stated. to the ceuse(s	i)	
	To the Vithin To the	Me	29b. Signeture and tale of certifier	/			29c. Licens	e number		29	d. Date signe	d (Month,	Day, Year)		
	- > - 0		Maran (V	w M			D31	394	3		3 20	190)		
	70	-	30. Name end eddgess of person wh	of ampleted cause of death (Item 23a) C	Type, Pri	nt)	1 /) /					-	
			tranklin	grave Nov	hus	,, -, -, -, -,	Ba lt	0/1	de	21237)				
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's S	igneture		-						-	-	

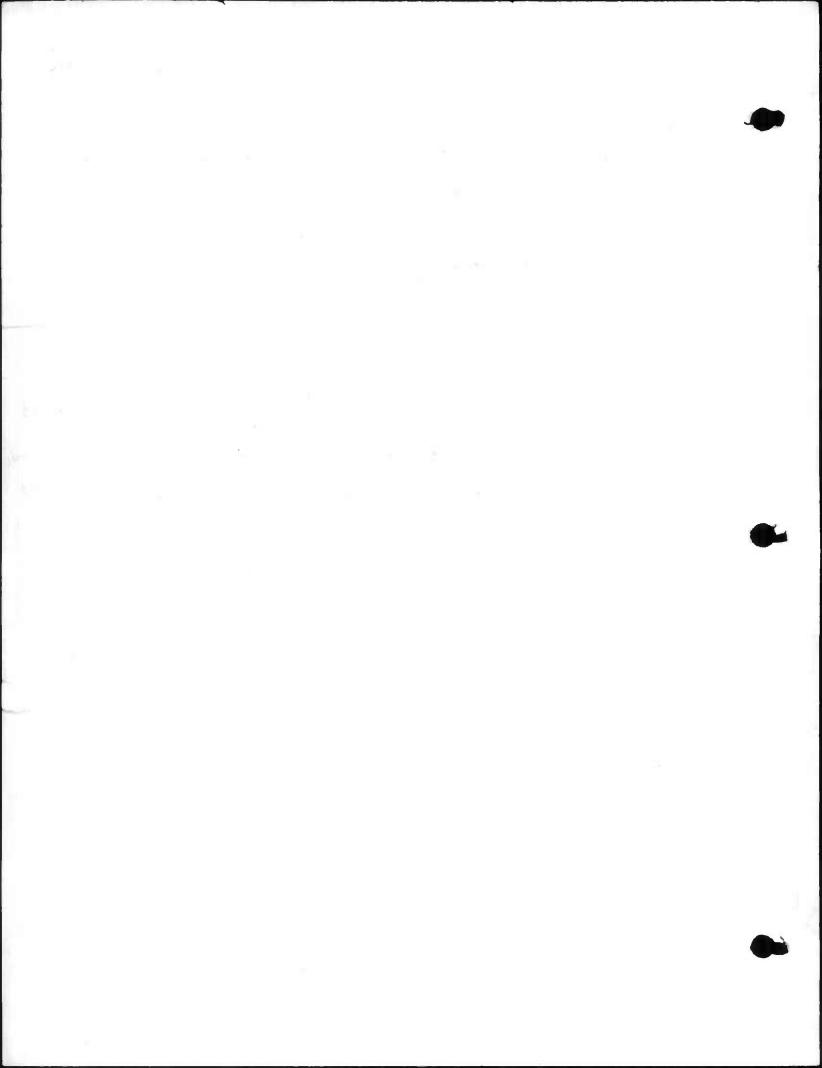
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)	A 1 3			2. DATE OF DEATH		3. TIME OF DEATH					
	Raslun	T. Aldria	dae		MONTH I	2 199	6 0731 M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. la	st birthday) IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)					
	8a. FACILITY NAME (If not institution, give s	1 M 2 X F 34	YRS.		Dec. 04.	1961 V	Maryland					
OB	Dorchester	Gen. Hospi	tal o	ambrida	P.	DOKO	Lhester					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY					
	Maryland Dor	chester	Car				1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 503 ROSIG	IN Alenue		101. ZIP CODE	12	10g. CITIZEN	OF WHAT COUNTRY?					
NO.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ADMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - A											
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Specify: No Specify:											
ED	15. DECEDENT'S EDU (Specify only highest grade		ECEDENT'S USUAL O	CCUPATION	16b. KIND OF BU	JSINESS/INDUSTR	Black					
LET	Elamentary/Secondary (0-12)		Give kind of work done b. Do NOT use retired.)	during most of working								
COMPL	17. FATHER'S NAME (First, Middle, Last)		DINGE	R	Pu	blish	ing					
	George	GODERE	M	BO O A	AME (First, Middle, Maider	Sumame)	اد در د					
TO BE	19a. INFORMANT'S NAME (Type/Print)	19		S (Street and Number or Rural	Route Number, City or Tox	vn, State, Zip Code	21613					
F	JEROME A	Idridge E	603 ROS	LYN AVEN	ue-Cambi	Ridge 1	Makyland					
	20a, METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		AND DATE OF DISPOS ematory or other place)	NITION (Neme of	1001	DCATION - glty o						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	d Fleid		3/16 Ch		Reek Marylan					
	* Janelle	C. Henry	/	la lita al i		membrid	216/3					
	23. PART L/Enter the diseases, or o	complications that caused the List only one cause on sech line	eath. Do not enter	the mode of dying, who	th as cerdiec or resp	piratory srrest,	Approximata					
	IMMEDIATE CAUSE (Finel disease or condition	List billy ona cause on sech link	o.				interval Between Onsat and Death					
	DUE TO (OR AS A CONSEQUENCE OF):											
z	chrone Asthutic Brochto											
NT I	Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
FIC	CAUSE (Disease Dr Injury La Co. Due To (OR AS A CONSEQUENCE OF):											
CERTIFICATION	that initisted events resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to deeth but not	resulting in the ur	deriving cause given in	Part I. 24s. WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS					
ICAL				actiful table given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE					
MEDIC						20,110	OF DEATH? 1 YES 2 NO					
PHYSICIAN:	DID TOBACCO USE CONTI				N 🗆							
Sici	EXAMINER? 1 YES 2 NO	28. PLAC HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	OTHER	₹:								
H.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED	,					
ВУ	1 Natural 5 Pending 2 Accident Investigation	10.000	м	WORK? 1 YES 2 NO								
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet, fact	ory, offica	281. LOCATION (Street City or Town, State	and Number or Ru)	rel Route Number,					
PE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my knowledge, de	eath occurred at the f	ime, data and place, and due	to the cause(s) and ma	nner as stated.						
COMPLETED		R: On the basis of exemination and/or					se(s) and manner as stated.					
BE C	DRIE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month.											
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH TITE	M 27) (Tene Brins)	U57/6	7-7	> 5/1	2/96					
	Savid G. Olive	1 ms 503 C	Detelman	- Lane E	aston ms	2160/						
	31. DATE FILM MAR 1 4 1996	34 PEGISTINAS SIGNATURE	dall			-						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			S	state of Marylan		epartmen Certificat			Mental Hy	giene Reg. No.	96 1	08	304
			Decedent's Nema (First, Middla, Last)						2. Dete of De	ath		3. Time	a of Death
	Physici /Medi		FERNANDO VELASC	O AGUILAI	R				Febru	arv 29.	Year 1996	1	:10 an
	Examir		4e. Facility Nama (If not institution, giva stre	et and number)				4b. City, Town, or L		-			
	Funeral Director		578-14-1212	Hospital 7. Aga (In yrs. 90	last birtho Yrs	Months	1 Yaar Days	Lanham If Under 24 Hrs. Hours Min.	8. Data of Bli (Month, De Dec.		9. Birthple Countr Phil		's ne or Foreign ines
	and		Usuel Rasidance of Decedent 10a. Stata 10b. County	10c. Cit	v. Town o	r Location					10	d fneids	e City Limits
	Manyli f sho	JO.	MD Prince Geo			ville							ras 2 □ No
	1 28e	Director	10e. Street and Number	ige 5 liye	1 C C S V	10f. Zip	Coda			10g. Citizen of	What Countr	ry?	
	h with		5117 Decatur Stree	t		20	781			U.S.A.			
20	d within 72 hours after death with the Manyand liene. Then "naturel", or items 23s or 28s-f show the Modical Examiner must be notified at	by Funeral	11. Marital Status 12.	Wes Decedent Ever in U, Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Give	.S.	13. Was Deced	dant of I	dispenic Origin? (Span, Maxican, Puerto Specify:	pecify Yes or No Rican, atc.))- 14. Rad	ce - Amarica ck, Whita, at		
9	2 hour	ed t	15. Decedant's Educati	Yeer or Datas:	16a. De	ecedent's Usua	al Occur	ostion		16b. Kind of B			PINO
21215	within lene.	Completed	(Specify only highast grade co	omplated) Collega (1-4or 5+)	(G lit	iva kind of wo ta. DO NOT us Lr Styl	rk dona se retire	during most of world	king	Hair (
nd	0 = 0 >	Be	17. Fether's Nama (First, Middla, Last)	-				18. Mother's Nam	na (First, Middle				
yla	should be nd Mental merked o	To	(Unknown) (Unknown)										
Mar	" = " =		19e. Intormant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town,									- 1	
Baltimore, Maryland 21215-0020	f Healt from 27 other		Alberta C.G. Aguil 20e. Mathod of Disposition			/ Deca		Street,	Hyattsv Dete				
	eges nt of nt of		1 ☐ Burial 2 ☐ Cramation 3 ☐ Rame	oval trom Stata C	emetery,	cramatory or o	thar pla	· 1	5.20%			ity or Town, Stata	
	permit. Peges 1 end 2 Department of Health e Important: If tem 27 is any injury or other tra once.		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee	Met	ropo			natory 03		Alexand			ginia
B	Depa Impo		17/2. t.	19.	. 1			ass of Facility					
	Physician		23a. Part1. Enter tha diseasa, or complication shock, or haart failura. List only ona complication of the state of the sta	ions that caused the daeth ausa on each lina.	n. Do not	4/39 B antar tha mod	alt] le of dyir	imore Ave	nue, Hy or respiretory a	attsvil. Irrast,		Approxin Interval E	
	/Medical Examiner		Immediata Causa (Final disease or condition resulting In daath) a.	Cardioresp:	irato	ry Fai	lure	2			4	8 H	ours
		P				sequance of):					1		
	uted	min	b.—	Hypotension			iluı	ce			<u> </u>	8 H	ours
o,	tificata be executed g physicien and as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cousa (Disease or Injury c. Ruptured Abdominal Aortic Aneurysm									0 11	
68760,	ata be nysici	licai	Causa. Enter Underlying Cousa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of):									8 Ho	ours
~	certifice ding ph	-											
Вох	deeth ce e attendi	lan	d	***************************************									
o O	the de	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part					van in Part f.	23b. Did tobacco use contribute to the cau				se of death?
σ.	es that the deeth certifigned by the attending be detached for use a								10	Yes 2□ No	3 Probe	ibly 4	I ☑ Unknown
Records,	aw requir	Completed by								en eutopsy ormed?	evai	lable pri	sy findings lor to of cause
	0 - 5	Om							10	Yas 2 No	10	Yes 2	2□ No
Vita		Be (25. Wes casa raterred to medical axaminar?					26. Placa of Dea	th (Check only	ona)			
5	Physiclan: this certific ral director,	To	1 ☐ Yes 2 ☒ No Hosp	1 M Inpatient 2LJ	ER/Outpa		'^			dence 6 □Oth		1	
	After fune	Certification:	1 Natural 5 Pending 2 Accident invastigation	28a. Data of Injury (Month, Dey Year)	28b. Tim Inju	М		ry at rk? Yas 2 □ No	28d. Dascribe	how injury occur	red		
DİVİ	7 4 4		4 Homicida datamined	28a. Pleca of Injury - At ho bullding, atc. (Specify	′)				City or To				lumber,
	To the Hospital within 24 hours e To the Funeral Completaly filled	edicai	29a. Cartifier (Check only one) 1 Certifying Physicia 2 Medical Examiner:	an: To the best of my know On the basis of examinat and manner stated.	wledga, da ion and/o	aath occurred r invastigetion,	at tha tir In my o	me, date and place, plnion, daath occur	and dua to the red at tha tima,	ceuse(s) and made data and place,	anner es sta and dua to t	ted. tha caus	a(s)
	Vithin Vompl	Me	29b. Signeture and titla of cartifiar			290	. Licans	a number		29d. Data signe	d (Month, D	ay, Year	r)
	6		1/3/1/1	1			ות	8189		3/5/	91		
1	12)	ŀ	30. Nema and addrass of person who compl	lated causa of daath (Item	23e) (Ty	pe, Print)				2/1)/	4		
(104		Bruce Lowman, M.D				у, (Greenbelt	, Maryl	and 2077	70-202	3	
	Sta Registr		31. Data tiled (Month, Day, Year) MAR 0 6 1996	32 Registrar's Signe		LE							

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once, 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IN THE POSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGIOTHALI		<u> </u>		1 40 V V I				11	EG. 190.				
)	1. DECEDENT'S NAME (First, Middle, Lest)	1	1	,					2. DATE OF C	EATH DA	W	YEAR	. TIME OF DEATH	
												4:41PM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF B (Month, De)		1	8. BIRTHPL Country)	ACE (State or Foreign	
	246-10-1108	1 X M 2 D F	76	YRS.	MONTHS	DAYS	HOURS	MIPL.			1919 NORTH CAROLINA			
N.	9a. FACILITY NAME (If not institution, give st			9b. CITY	. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O									
	WASHINGTON ADVENT		TAV	OMA	PARK	,			MONTGOMERY COUNTY					
DIRECTOR	RESIDENCE OF DECEDENT								MONIGOMERI COUNTI					
Ä	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY LIMITS?		
ā	MARYLAND PRINC	S	COLLEGE PARK							1	YES 2 X NO			
4	10e. STREET AND NUMBER		101. ZIP CODE						10g. CIT	IZEN OF WH	AT COUNTRY?			
EH	4716 CHEROKEE STR	EET, APT.	T-1			1 2	20740)	UNIT				CATES	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED					HC ORIGIN? (S		or No-	14. RACE -	- American Indian, White, atc.	
	1 Never Married 2 Married	FORCES? 1		0					n, Puerto Ricar	, etc.)		Specify:	rrina, arc.	
В	3 Wildowed 4 M Divorced IF YES, GIVE WAR OR DATES 1 VES 2 X NO Specify: WHITE												WHITE	
品	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KINO OF BUSINESS/INDUSTRY													
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)	and the		.9	İ					
릴	10		MUS	SICIA	ΔN				SEI	F-EN	(PLOY	ZED _		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						16, MOT	HER'S NA	ME (First, Middle	e, Maiden	Sumame)			
BEC	ZACK CLARK ALLEN,	SR.					(U)	IKNOV	N) MOS	SLLI	ER			
	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRES	S (Street a	and Number	r or Rural I	Route Number, C	ity or Tow	n, State, Zi	p Code)		
5	ZACK C. ALLEN, II	I, SON	1 2	21 MI	LLER	RO	AD. A	SHEV	VILLE.	NOR	TH CA	AROLIN	TA 28805	
	20a, METHOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOS	SITION (No			DATE					
	20s. METHOD OF DISPOSITION 1													
	21. SIGNATURE OF FUNERAL PROPERTY OF THE TOT													
	· </td <td>16/10</td> <td>11</td> <td></td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>	16/10	11		4						-			
	25	Tay											MD 20722	
	23. PART I. Enter the diseases, or of ahock, or heart failure.				not enter	tha mo	de of dy	ing, suc	h ae cerdiec	or reepi	ratory er	reet,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	0		1		-0	12						Onset end Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Car dispense Shock 14 Days Sequentially list conditions.													
	DUE TO (OR AS A OORGEQUENCE OF):													
z	Sequestish let conditions b. Harte My grandel Inforction 14 Days													
2	If any, leeding to immediata													
CERTIFICATION	CAUSE (Disease or Injury													
	that initiated events	DUE TO (O	R AS A CONSEC	OUENCE O	F):									
E	resulting in daeth) LAST													
	PART II. Other algnificant condition	e contributing to d	eeth but not r	eaulting	In the m	nderlyin	O CSUSS	olven In	Part i 24	MA S AN	AUTOPSY	24h V	VERE AUTOPSY FINDINGS	
EDICAL	TATE II. Other argument ophicition	_ obtained any to di	auti 501 1101 1	oaciang	111 010 01	il Garry III	g caraa	given in	7 411 1.	PERFOR		1	WAILABLE PRIOR TO	
ă									1 {	YES 2	NO		OF DEATH?	
ME						=						1	YES 2 NO	
ä	DID TOBACCO USE CONTI	RIBUTE TO CAU					וועט ב	CERTAII	N X					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEA	TH (Check									
YSI	1 🗆 YES 2 NO	1 Inpatient 2 🗆 E	R/Outpatlant 3	□ DOA			ne 5 🗆 R	aaldenca	6 🗆 Other (S)	ecify)				
H	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIR IN	ME OF JURY		JURY AT		28d. DESCRI	BE HOW I	NJURY O	CCURED		
BY	1 Netural 5 Pending Investigation				M	1 🗆	YES 2 [_ NO						
	3 Suicide 8 Could not be	26s. PLACE OF building, at		me, term,	street, tec	tory, offic	on		281, LOCATIO	N (Street		er or Rurel Ro	ute Number,	
ETED	4 Homicide determined								,					
2	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, de	ath occur	red at the	time, date	and place	e, and due	to the cause(s	and me	nner se st	ated.		
COMPL	(Check only one) 2 MEDICAL EXAMINE								·				and menner as stated.	
00		_					I ac							
BE	296, SIGNATURE AND TITLE OF CERTIFIE	· Mt					29c. L10	ENSE NUI	MEEH		29d. DA	DE SIGNED	Month, Day, Year)	
5	Mkari	m / 1	AF AF !	11 DW			1	10 g	15_		-17	wich c	11 1740	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOBARAK KARIM, 7610 CARROLLAVE, STE 340, TAKOMA PARK, MD 20912													
	MAR U6 1996	32. REGISTRAR	SSIGNATURE											

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIEN		20	0030			
	1. DECEDENT'S NAME (First, Middle, Last)				J.C.	2. DATE OF DEATN		3. 1	IME OF DEATN			
	James Kwadwo	ANTWI		March 1	1996	AR Z	5:04P M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.		CE (State or Foreign			
	219-48-3261 9a. FACILITY NAME (If not institution, give s		AFRICA									
DIRECTOR	DOCTOR'S COMMUNIT	GEO	RGE 'S									
Ä	10a. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION											
1	MARYLAND PRINC	CE GEORGE'S	LA	NHAM	ZIP CODE		tog. CITIZEN		LIMITS? YES 2 X NO			
FUNERAL	9310 ROLLING VIEW		UNITE									
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	V U.S. ARMED	t3. WAS DEC	20706 ENDENT OF NISPANI	C ORIGIN? (Specify Yes		RACE -	American Indian.			
	1 Never Married 2 X Merried	FORCES? 1 YES			ecify Cuban, Maxican 2 ☑ NO Specify:	, Puarto Rican, etc.)		Black, Wh Specify:	ita, atc.			
ВУ	3 Widowed 4 Divorced				28				ACK			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	WORK done during mo		16b. KIND OF BU	SINESS/INDUST	TRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us									
M	17. FATHER'S NAME (First, Middle, Last)	4+	TREATME	NT SPECI		CITY GO		ENT				
	KWAME ANTWI					E (First, Middle, Maiden	Surname)					
8	ton. INFORMANT'S NAME (Type/Print)		405 14411 1010	ADDRESS (Ottoor)		TH KWAKYE oute Number, City or Tow						
2	JANICE KATE ANTWI	UTEE				VE, LANHAN			20706			
	20a. METHOD OF DISPOSITION											
	20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) FORT LINCOLN CEMETERY 3/22/96 20c. LOCATION - City or Town, State RENTWOOD, MARYLAND											
	21. SIGNATURE OF SUBERAL SERVICE LI		OKT LING	22. NAME AI	D ADDRESS OF FAC	ILITY			CILAND			
	"Xija V.	ADLINSO.	11			FUNERAL HOURG RD., H			MD 20722			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
8		d										
AL	PART II. Other algnificant condition	is contributing to deeth b	out not resulting	in the underlyin	g ceuse given in F	Part I. 24a, WAS AN PERFOI	RMED?	AMA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
MEDIC									YES 2 NO			
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE C			UNCERTAIN							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA	TN (Check only one) OTHER:								
YSI	1 YES 2 NO	HOSPITAL:		4 - Nursing Non	e 5 Realdence 8	Other (Specify)						
	27. MAHNEY OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIN	JURY WO	PRK?	28d. DESCRIBE NOW	INJURY OCCUR	ED				
ВУ	2 Accident Investigation	20- 01 405 05 10 11 11		M 1								
8	3 Suicida 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	cify)	street, tactory, ornic	.	28f. LOCATION (Street City or Town, State)		Hural Houte	Number,			
	29e, CERTIFIER						5					
COMPLETED	(Green Grey	ER: On the best of my know						euse(s) en	d menner as stated			
	29b. SIGNATURE AND TITLE OF CENTURE											
8	Thursto X.7	orlihun	m		H212	30	29 DATE SIGNED (Month, Day, Year)					
2	30. HAME AND ADDRESS OF PERSON WE	NO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Tops	PMGO .	4	5 1	, , , ,	-	11/6			
	Aveusto P. Ro.	drafuez M.	1,500	9 Koyshi	mat.c	p op. 2	nd 2	079	08			
	MAR U 6 1996	he development	64	,	,	V						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (First	t, Middle, Lest)			_						OF DEATH			3. TIME OF DEAT
	Moham	mad	Arif		_					03	1	MY 1	96	2333
	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)		YEAR DAYS	F UNDER	24 HRS.	(Mont	OF BIRTN h, Day, Year)		a. BIRTHI Country	PLACE (State or Fo
	067-84-9983		12 M 2 F	43	YRS.						-12-5			ISTAN
						9b. CITY, T				ATN		9c. COUN		
	Peninsul	CEDENT	Tonar			29	TT	sbu	У				MTC	omico
	10a. STATE	10b. COUNT	Υ		10c. CI	Y, TOWN OR	LOCAT	ION				-		10d. INSIDE CITY
	MARYLAND	WICOM	IICO			SALISB	URY							1 X YES 2
	.395 EAST CH		יים בים מייי				10f.	ZIP COD	801					HAT COUNTRY?
	11. MARITAL STATUS	OKCH 3	12. WAS DECEDEN	IT EVED IN II O	ADMED	T an war	0.050						ISTA	
	1 Never Married 2 📉		FORCES?	YES 2	NO	H)	yes, spe	entry Cubs	n, Mexica	n, Puerto	f? (Specify Ye Rican, etc.)	s or No	Black,	- American Indi , White, etc.
	3 Widowed 4 Divo	orced						2 (2) 110	оросну	•			эрвы	INDIAN
		CEDENT'S EDU ly highest grade		164	. DECEDENT'S	work done dur			ng	168	KIND OF BU	ISINESS/INDU		
	Elementary/Secondary (t	0-12)	College (1-4 or 5	+)	LABORE						CONST	DIICTI	ONI	
	17. FATHER'S NAME (First, M	Aiddle (ast)			LABORI	ZK		40 1407	UEDIO MAI	NE (E)-	Middle, Meider		JIN	
	RAHMAD KHAM								ORE			i Sumame)		
20	19a, INFORMANT'S NAME (1	Type/Print)		-	19b. MAILING	ADDRESS (S	Street a	nd Number	or Rural F	Route Num	ber, City or Tox	vn, State, Zip	Code)	
2	ILYAS CHAUD	HARY												Y 11106
0	20a. METHOD OF DISPOSIT	NON N Name	oval from State		CEANDDATE					DAT		OCATION C		
-1	4 Donation 5 Other	r (Specify)	\sim	MUN	TCTPAL						23 GUJ			
	21. SIGNATURE OF FUNERA	U. SERVICE III	DEMISEE C	///	10	ZEL ZEL	LER	FUN	SS OF FAC IERAI	HON	Æ, 12	12 OLI	D OC	EAN CIT
	Deen	RICK	X 20	200	1	n 0	_							
				ne										ND 2180
- 3	23. PART . Enter the d	liseases, or o	complications ins	it caused the	death. Do									Approxim
Ì	IMMEDIATE CAUSE (Fir	nal	List only one car	use on each	line.	not enter th	ne mod	de of dy	ing, suci	h aa can	diac or reap	elratory arre		Approxim
	anock, or n	nal	. Arteri	oscle	eroti	o Car	ne mod	de of dy	ing, suci	h aa can	diac or reap	elratory arre		Approxim
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ITEM: 28f, PER MEO FILM G-733 3/29/96 t.t B.K.S ITEMS: 23 PART I, 27, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 28a-f, PER MEO FILM g-733 3/22/96 t.t Certificate of Dooth 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Day **Physician** Month Year Т. RONALD BRYANT MARCH 08, 1996 6:05 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ATLANTIC GENERAL HOSPITAL WORCESTER BERLIN If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 180 M 2□ F Months Days Hours Yrs. Director 214-52-2465 47 MARYLAND Usual Residence of Decedent the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show adies! Exerviner must be notified at 1 Yes 2 No Director WORCESTER MARYLAND | BERLIN 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? USA 10548 CATHELL ROAD 21811 death Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates: 1968-72 Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Meritei Stetus permit. Peges 1 end 2 should be filed within 72 hours after of Department of Heelth and Mental Hygiene. Infortant: if item 27 is marked other than "natural", or that any Injury or other traumetic avant. the 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) BRICK MASON CONSTRUCTION 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be WARNER T. BRYANT MARY JANE KELLY 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 10548 CATHELL ROAD, BERLIN, MARYLAND WARNER T. BRYANT 21811 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) DISCIPLES OF CHRIST 3/12/1996 SNOW HILL, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility HASTINGS FUNERAL HOME, SELBYVILLE, DE. 19975 Larly 23a. Pert1. Enter the disease, or complications that setul of the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximeta Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final ALCOHOL INTOXICATION disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury thet Initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequenca of): detached for signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Inknown Records. by should b 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy performed? pege 2 X Yas 2 No 1. Yas 2□ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Diractor: After this certifical completely filled in by the funeral director, Be 25. Was case referred to medical 26. Pleca of Deeth (Check only one) Hospital: 1 Inpatient **ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) YYas 2□ No 10 27. Manner of Death Certification: 28a. Data of injury (Month, Day Year) 28b. Time of FOUNDry 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 Yas 2 No SUBJECT CONSUMED ALCOHOL 2 Accident FOUND: 3-8-96 5:24 6 XXCould not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or CATHELL ROAD, BERLIN, MD 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 I Homicide FOUND: RESIDENCE 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) and manner as steted.
2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E MARCH 09, 1996 30. Name and address of person who completed duse of dath (Item 23a) (Type, Print)

Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (MorMAR 32 Addictrate Signature Randall State T'8 1996 Registrar

DHMH 16 Rev 6/95

A TOTAL CONTRACTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF N	MARYLAND / D	EPARTMEN RTIFICAT			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lei MILDRED	ANNE	BROWNE				2. DATE O MONTH Mar	DAY	1996		
4. SOCIAL SECURITY NUMBER 185-05-7588	5. SEX 1 M 2 K F	6. AGE (In yrs. lest to 82	YRS. IF UND	DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day; Year) t 29, 19	Cou	THPLACE (State or Foreign nitry) Sylvania	
9e. FACILITY NAME (If not institution, gi					R LOCATION OF D	EATH		Wicomi	DEATH	
Salisbury Nursir										
Maryland Wid	comico		Salisbury						10d. INSIDE CITY LIMITS? 1X YES 2 NO	
	STREET AND NUMBER								WHAT COUNTRY?	
407 W. College		IT EVER IN U.S. ARM	ED I	3. WAS DEC	21801 ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes o	USA No. 14. BA	CE — American Indian.	
1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	YES 2 1 NO		If yes, spe	elfy Cuban, Mexic 2 X NO Speci	en, Puerto R		Sp	ack, White, atc. ecily: ite	
15. DECEDENT'S E (Specify only highest gi		16a. DECI	EDENT'S USUAL	OCCUPATIO	IN st of working	16b.	KIND OF BUSIN	IESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) life. C	o NOT use retired nemaker)		-)omesti	0		
17. FATHER'S NAME (First, Middle, Last)	-	1101	iciidicer		18. MOTHER'S NA					
Walter P. Hughe	es				Flore		C. Ro			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRE	SS (Street a	nd Number or Rural					
Suzanne Sicko			7748 CI	napel	Hill Dr	., Or				
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 F	lemoval from State	20b. PLACE AN	ID DATE OF DISP	OSITION (Na	me of	DATE 2/7	- 11.	TION — City or		
4 Donation Other (Specify) _	LICENSES	Westmi	nster (ery D ADDRESS OF F	3/7	Phil	ladelphia	a, PA	
· X .1 9	A. Com		2	Hol	loway Fu	ineral		i ahaana	,MD 21801	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUEN	rpice on:	f Ald	ation	2			yes	
PART II. Other algnificent condi	tions contributing to	death but not re	aulting in the	underlyin	g cause given in	Part I.	24a. WAS AN A		4b. WERE AUTOPSY FINDIN	
						_	PERFORM 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
DID TOBACCO USE CO	NTRIBUTE TO CA	USE OF DEAT	H YES	NO [UNCERTA	IN 🗆				
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	28. PLACE	OF DEATH (Che							
1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	DOA 4	lursing Horn	e 5 🗆 Realdence			HIRV COST		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigati	on	Day, Year)	28b. TIME OF INJURY M	1 🗆	PRK? YES 2 NO			JURY OCCURED		
3 Suicide 8 Could not 4 Homicide determine	be building	OF INJURY At horr , atc. (Specify)	ne, farm, street, f	actory, offic			ATION (Street an or Town, State)	d Number or Rur	al Route Number,	
	HYSICIAN: To the best o								e(a) and manner as stated	
CONTROL OTHY	MINER; On the basis of					IMEED				
(Check only	1		_		29c. LICENSE NO	o o	10	29d. DATE SIGN	IED (Month, Day, Year)	
(Check only one) 2 MEDICAL EXAL	40/1	JSE OF DEATH (ITEM	27) (Type, Print)		29c. LICENSE NI	934	9	29d. DATE SIGN	IED (Month, Day, Year)	
(Check only one) 2 MEDICAL EXAM	40/1			ጥዙመልኣ	02	934	9	▶ 3/3	796	
(Check only one) 2 MEDICAL EXAM	WHO COMPLETED CALL		04 HEAL	THWAY	DR. SA	934	9	29d. DATE SIGN	796	

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3. TIME OF DEATH
3:40

P

Rome

4. SOCIAL SECURITY NUMBER

LANKFORD

Barnes

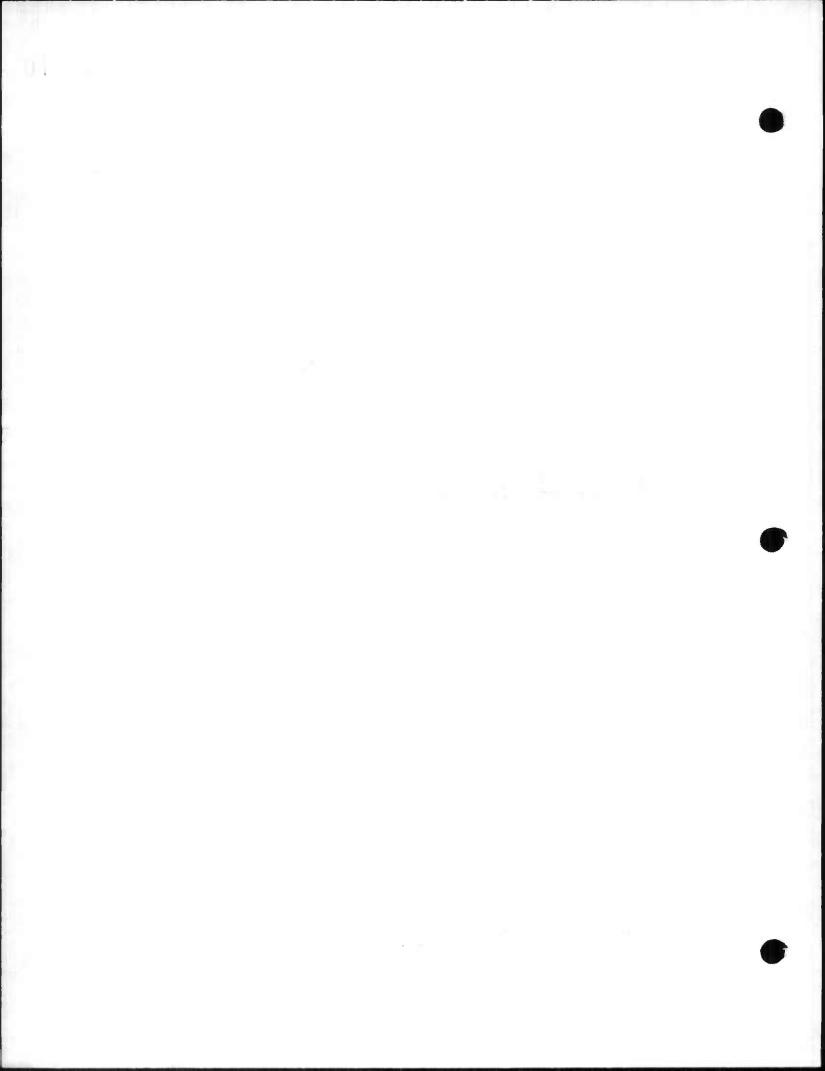
2. DATE OF DEATH MONTH March

ზ′5

1996

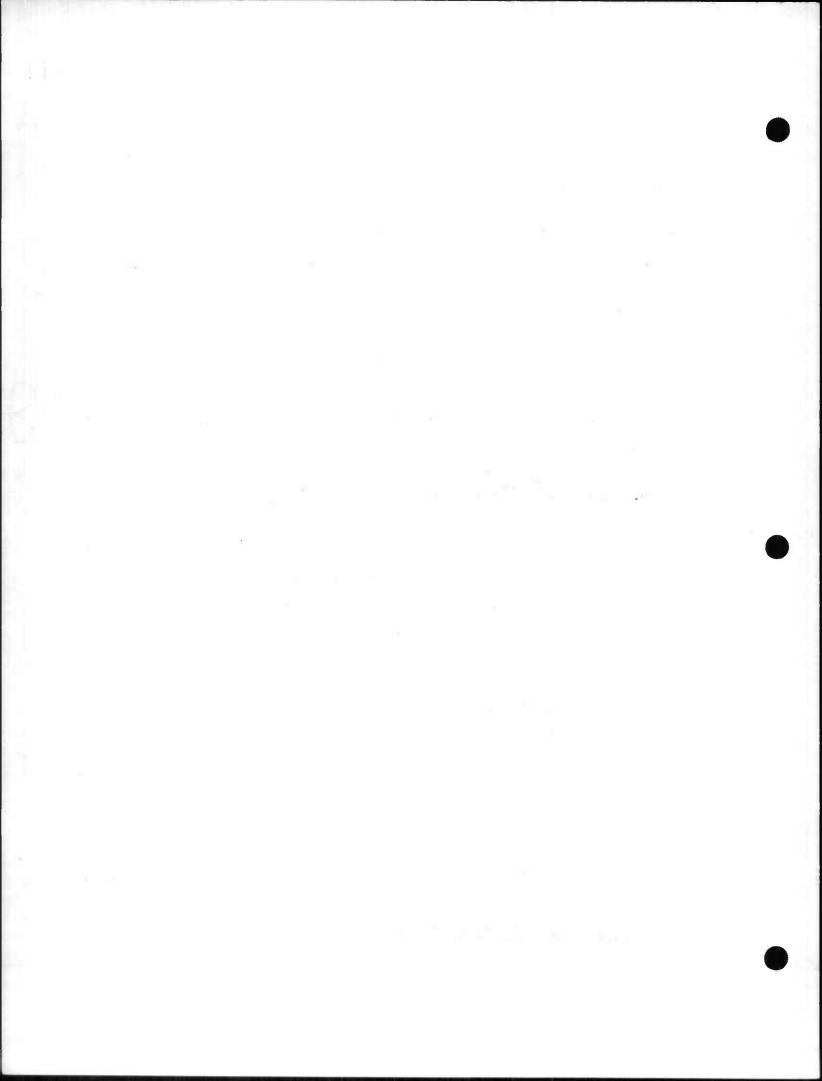
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR			7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	219-05-9327	1 🙀 M 2 🗆 F	73	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) November 10.	1922	Country)	vland
	Se. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWI	OR LOCATI	ON OF DE			NTY OF DEA	-
S.	Wicomico	lureina	Home		Sa	lisb	urv		Wi	comi	0.0
DIRECTOR	RESIDENCE OF DECEDENT		HOME				u. j				
	10a. STATE 10b. COUNTY				, TOWN OR LOC					10	Dd. INSIDE CITY
		omico		Sa	lisbury					i	YES 2 NO
4	10e. STREET AND NUMBER					of. ZIP COD	E		10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	905 James Court					218	01			USA	
בַּ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13. WAS D	ECENDENT C	F HISPAN	NC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
10	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			S 2 🔀 NO				Specify:	wind, wic.
- 1	E SAME LE LOSSAN		WW II							Whi	te
Ц	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S Ive kind of w Do NOT us	USUAL OCCUPA rork done during	TION nost of working	ng	16b. KIND OF BUS	HNESS/INC	DUSTRY	
֡֡֡֡֡֡֡֡֡֡֡֡֜֜֜֡֡֡֡֡֡֡֡֡֡֡֜֜֜֡֡֡֡֡֡֡֡֡֡	Elementary/Secondary (0-12)	College (1-4 or 5 a	,		e renred.)			D-4-11	12.1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	J) Uw	mer				Retail		Lronic	CS
_	Rome Lankford	Barnes				_		ME (First, Middle, Maiden			
2	19a. INFORMANT'S NAME (Type/Print)	barnes	1000				ttie		wson		
2	Norma L. Barnes		19					Route Number, City or Town			
	20a. METHOD OF DISPOSITION						, sa	lisbury,MD			
	1 KBurlal 2 Cremation 3 Remo	oval from State	cemetery, cre	matory or of						City or Town	
-	4 Donation 5 Other (Specify)	ENSEE	Wicom	nico l	Memoria	1 Par		3/8 Sal	<u>isbu</u>	ry, M)
- 1	1 1 107	1 10						eral Home			
4	Navie 9	- (blon	moon		501	Snow	Hil	1 Rd., Sal	isbu	ry,MD	2 180 1
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications the	eused the de	ath. Do n	ot enter the n	ode of dyl	ing, suci	h as cardiac or respi	ratory sn	rest,	Approximata
	IMMEDIATE CAUSE (Final				-0.	06					Interval Between Onset and Death
	disease or condition resulting in death)	Certi	enoge	les	olie	See	2ct	Deseas			
	•	DUE TO	(OR AS A CONSEC	DUENCE OF	1: 0 10		_	Deseas			
ξ	Sequentially list conditions,	Jene	raliz	cd	afue	2050	les	roses			
Í	if sny, leeding to immediate	DUE TO	OR AS A COMSEC	DUENCE OF):						
3	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEC	NIENOE OF							
	that initiated events resulting in deeth) LAST	DOE 10	(On AS A CONSEC	JUENCE OF);						i i
CERTIFICATION											
	PART II. Other significant conditions	contributing to	death but not r	eaulting is	n tha underly	ng ceuse (lven in	Part I. 24a. WAS AN			ERE AUTOPSY FINDINGS
3	advanced !	carile 1	Lement	ia a	lequis	ners	Tig	PERFOR		CI	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL	Organice E	Bearin	ande	sme	Rus	un	000	1002	W 140		F DEATH?
	DID TOBACCO USE CONTR				S NO	_	ERTAIN				TES 2 NO
NA.	25. WAS CASE REFERRED TO MEDICAL			_	H (Check only on		=1(1) (1)	<u>, </u>			
200	1 TYES 2 KNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Be	eidence	6 Other (Specify)			
<u>a</u>	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME	OF 28c. II	JURY AT	1	28d. DESCRIBE HOW II	JURY OC	CURED	
	1 Netural 5 Pending 2 Accident Investigation	(Month, De	lly, rear)	INJU		YES 2	ON [
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY — At ho	me, ferm, s	treet, factory, of	Ice		28f. LOCATION (Street a	nd Number	or Rural Rou	te Number,
4	4 Homicide determined	bulloning,	etc. (Specify)					City or Town, State)			
	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	eth occurre	d at the time, de	a and place	and due	to the cause(a) and man			
OMPLEIED	one) 2 MEDICAL EXAMINER										nd manner as stated
)	29b. SIGNATURE AND TITLE OF CERTIFIER			1.114		Y	-				
3	1290000	7 0	Ball	0		7) -	O A	COC		E SIGNED (M	onth, Day, Year)
	1 - confirm	m. 1.		-	-	1	-/-	107		·->-	16
- и	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIS	E OF DEATH //TEA	1 27) (Time	Print)						
	30. NAME AND ADDRESS OF PERSON WHO					CHUZO	nn.	Pl n Dia	316.	D 0-	
	30. NAME AND ADDRESS OF PERSON WHO GREGORIO M. B 31. DATE FILED (Month, Day, Year) MAR 06 1996					HUD	001	PL, CKISH	7EL,	D, M	



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	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.	E	00311		
	1. DECEDENT'S NAME (First, Middle, Last)			D		2. DATE OF DEATH MONTH DA	Y. YEAR	3. TIME OF DEATH		
	Man			BY	ow	march	4 1996	0750 M		
- 9				F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try) ISANA		
	150 02 7407	36-62-7467 ¹\overline{\text{X}} M \ 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
œ	PENINSULA REGIONAL I	9c. COUNTY OF WICOM	ICO							
6	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO									
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	MD. WICOMI	CO ±	P.	ARSONSBI	JRG ZIP CODE			1 TYES 2 NO		
RA	33675 ROHM ROAD			701.	21849		U.S.A			
FUNERAL		. WAS DECEOENT EVER IN	U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yee	or No 14, RAC	E — American Indien.		
	1 Never Married 2 Merried	FORCES? 1 YES	ZX NO TES		2X NO Specify	n, Puarto Ricen, etc.)	Blac Spe	ck, White, etc.		
D BY	3 Widowed 4 Divorced				-			WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	pleted)	(Give kind of wo	ork done during mo:		16b. KIND OF BUS	SINESS/INDUSTRY			
PLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	POLICE			CITY of	E SALISB	IIRY		
OM	17. FATHER'S NAME (First, Middle, Last)		102102	OTTTOER	16. MOTHER'S NA	ME (First, Middle, Melden		OKI		
BE C	EDWIN BROW				IRE	NE WELBORN				
10 E	19. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Town	n, State, Zip Code)			
	SUSAN BROW					ONSBURG, MD		21849		
	1 N Burlai Cramation 3 Removal	from State 20b.1	PLACE AND DATE OF tery, cremetory or oth COMICO M	FDISPOSITION (Ne er piece) EM DADI	me of		CATION — City or 1 LSBURY • M			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		COMICO M		O ADDRESS OF FA	1011	LSBUKI,M	υ.		
	+ K 111	· Bru	8							
	23. PART I. Enter the diseases, or com	silications that caused	the death. Oo no			L HOME, SAL		D. 21804 Approximate		
	ehock, or heert fallure. Liet IMMEDIATE CAUSE (Final	only one ceuse on ea	ch ilne.		7	/	,,	interval Between Onset and Death		
	disease or condition resulting in death)	dep	rats	0 6	regent	Had &	Terlo	open		
	Trouting in deathy	DUE TO (OR AS A	CONSEQUENCE OF	:	0	2 6		0		
NO	Sequentially list conditions, Due to 199 as a consequence of:									
ATK	if any, leading to immediate cause, Enter UNDERLYING	OUL TO (MASA)	CONSEQUENCE OF	00	22			Ch		
FIC	CAUSE (Disease or injury that initiated events	DUE TO JON AS A	CONSEQUENCE OF	- Lang)	-		
CERTIFICATION	resulting in deeth) LAST	aller	ce.	2 Ca	-Del	and de		9		
	PART II. Other significant conditions of	ontributing to deeth bu	it not resulting in	the underlying	g ceuse given in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS		
ICAL		arlotte a		s well	_	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	metal 2	egen &						OF DEATH? 1 ☐ YES 2 ☐ NO		
	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YE	S NO	UNCERTAI	N 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL	8. PLACE OF DEAT	OTHER:		-				
YSI		Impatient 2 - ER/Outpa	Itlent 3 DOA	4 - Nursing Hom		6 Other (Specify)				
	1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	VES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, farm, st			281, LOCATION (Street a	and Number or Rura	Route Number,		
TED	4 Homicide Could not be	building, etc. (Speci	(y)			City or Town, State)				
J.E	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the beat of my knowle	edge, death occurre	d at the time, date	end plece, end due	to the ceuse(e) end mer	nner ee atated.			
COMPLET	one) 2 MEDICAL EXAMINER: 0	n the besis of exemination	end/or investigation	, in my opinion, d	eath occured at the	time, date end place, en	d due to the ceuse	(e) end menner ee stated.		
ш	29b. SIGNATURE AND THEE OF CENTIFIER	0	1		29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)		
TO B	(the	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	June		Doa		1 3/9	1/86		
F	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEA			MI	Prime	01	1		
	31. DATE FILEO (Mooth Day Year)	S. E. O. Y	COAC	en		/	10/150	y ms		
	31. DATE FILEO (MONTH, Day, Year) MAR 06 1996	July Charles	or Kardall							



MPORTANT: 11

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1996

HOLZWORTH

32. REGISTRAR'S SIGNATURE
Salva Davilson Randell

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ermit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ALONZO BISHOP 2:15 AM 96 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BURTH 8. BIRTHPLACE (State or Foreign Country) 214-32-2184 90 (Month, Day, Year) 1 X M 2 - F 05 SNOWHILL 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SNOWHILL NURSING & REHAB. CTE. WORCESTER SNOWHILL RESIDENCE OF DECEDENT toe. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WORCESTER SNOWHILL 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4522 PAW PAW CREEK ROAD 21863 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yee, specify Cuben, Mexicen, Puerte Rican, etc.)

1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced Specify: **BLACK** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 6th LABORER FARMER 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Melden Sumerne) TOM BISHOP BE LAURA BECKETT 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DEBORAH BAINES ADD. SAME AS ABOVE 20s_METNOO OF DISPOSITION
t (XBurlel 2 | Cremetion 3 | Removal from State
4 | Donetion 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State MT. WESLEYUM CH. CEM. 3-9 SNOWHILL, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL, 1213 jersey road, SALISBURY, MD. 21801 23. PART i. Enter the diseases, or complications the caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Batwean **IMMEDIATE CAUSE (Final** Onset and Death disease or condition ASCVD reaulting in death) SEVERAL YRS OUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE CEREBRAL HEMORRHAGE 1 YES 254 NO OF DEATH? RENAL INSUFFICIENCY CHRONIC 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) 1 - YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending investigation BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide ED 8 Could not be 4 Nomicide COMPLET 29e. CERTIFIER (Chank only The Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 006241 ▶ 3-3-96 2

203 SNOW)

Sir.

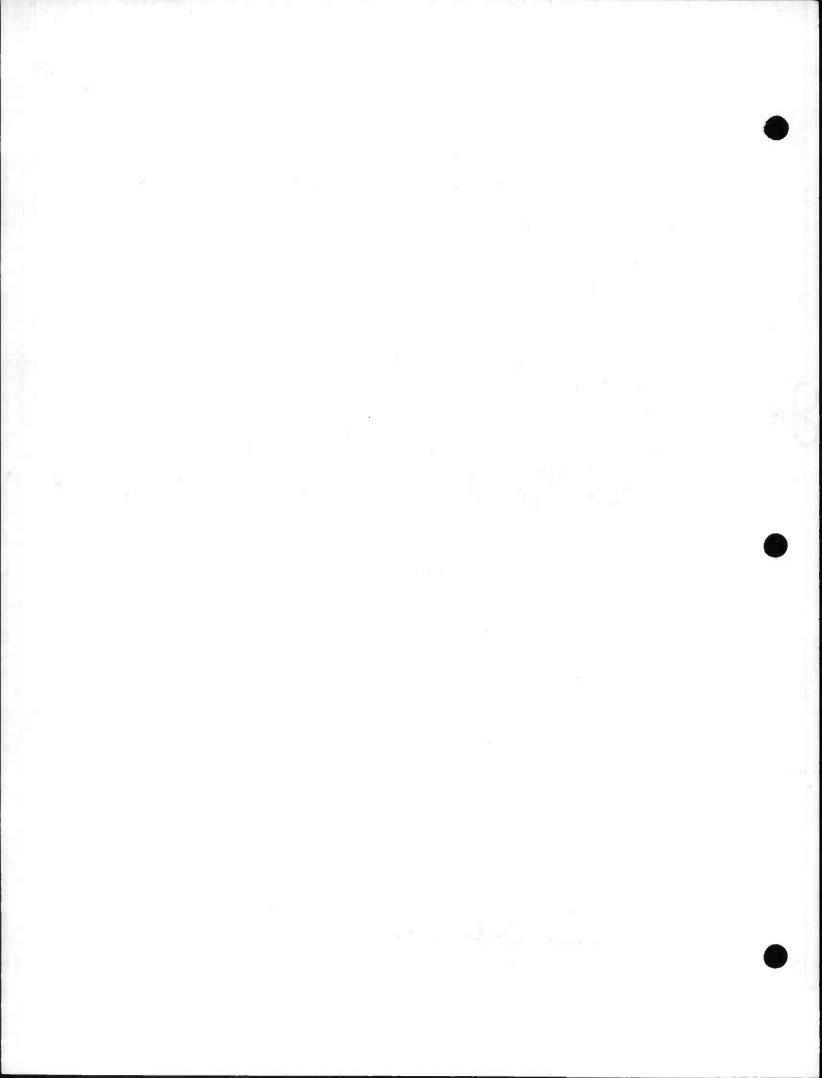
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF M			ICATE				MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last JOE)		DD	OWN				2. DATE OF DEATH DA	Y	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bi		IF UNDER	+ VEAR	IF UNDER		FEBRUARY 2	6 1	996	11:20 A M IPLACE (State or Foreign
	239-28-2675	1 🖳 M 2 🗆 F	82		MONTHS	DAYS	HOURS	MIN.	Jan. 14, 1	914	Counti	th Carolina
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE		9c. COU	INTY OF D	DEATN
TO I	Berlin Nursing &	Rehabilitat	ion Cente	er	В	erlir	1			Wo	rcest	er
DIRECTOR	10a. STATE 10b. COUN	1	loc. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY	
	Maryland Wor		В	erlin							LIMITS?	
RAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT		WHAT COUNTRY?
FUNERAL	10526 Harrison F		EVER IN U.S. ARMEI	D	13.1	NAS DEC	218		IC ORIGIN? (Specify Yes	or No.	USA	
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2X NO		1 1	f yes, spi	cify Cuba	n, Mexicar	n, Puerto Rican, atc.)	01 110	Black	E — American Indian, k, White, etc. //y:
	15. DECEDENT'S ED	HICATION	16a. DECE	DENTIO	1101111 01							an American
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give I	kind of v	work done of retired.)	furing mo	st of workin	9	16b. KIND OF BUS	INESS/INI	DUSTRY	,
MPL	4th grade		labo	rer					Burt Cro	pper		
	17. FATHER'S NAME (First, Middle, Last) Council Brown						18. MOTH		ME (First, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	I A II ING	ADDRESS	(Street e			(unknown	,	Codel	
5	Lillian Worthingtor	1							Maryland			
	20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rei	moval from State	20b. PLACE AND								City or To	
	4 Donation 5 Other (Specify)	ICENSEE	New Be	the					03/02 Berl			
	Dio-	W.	11- 1							,		- Salisbury,
	23. PART I. Enter the disessea, or	complications that	council the death	Do r	Jo	lley	Mem	oria	Chapel - I	Mary	land	
	shock, or heart fallure IMMEDIATE CAUSE (Final	. Liet only one caus	e on each line.	. 50 1	iot enter	une mo	or or ayı	ing, sucr	ss cardiec or respii	atory an	reet,	Approximate Interval Between Onset and Death
1	disease or condition resulting in death)	Certi	eise	20	est	li	X	car	& Des	001	0	5 61
	,	DUE TO (OII AS A CONSEQUE	NCE OF	F):)-A	0		A Les	^		
NO.	Sequentially list conditions, if eny, leading to immediate	b. DUE TO (OR AS A CONSCOUR			The	er	05	clerox	43		10 drs.
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
CERTIFICATION	that initieted events reaulting in death) LAST	DUE TO (OR AS A CONSEQUE	NCE OF	F):							
		d										
CAL	PART II. Other eignificent condition	ns contributing to d	leeth but not result						Part i. 24a. WAS AN A PERFORE		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	TROOP O	ancino	ma R	-	La.	-	eak		1 TYES 2	X NO		OF DEATH?
Σ :	DID TOBACCO USE CONT	TRIBUTE TO CAL	JSE OF DEATH	_	S D N	10 🗆		ERTAIN				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE O	_	N (Check o	nly one)	0.10	LIXIAII				
YSI	1 TES 2 NO	HOSPITAL:			-		5 🗆 Re	sidenca (8 Other (Specify)			
	27. MANNER OF DEATH 1 X Netural 5 Pending	28a. DATE OF II (Month, Day		Bb. TIMI	E OF URY	28c. INJI	JRY AT RK? ES 2	140	28d. DESCRIBE NOW IN	JURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At home,	ferm, a	itreet, facto			, 10	26f. LOCATION (Street a)	nd Number	r or Rural F	Toute Number,
ETE	4 Homicide determined	building, e	tc. (Specify)						City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)	SICIAN: To the best of m	ny knowledge, death	occurre	d at the ti	me, dete	and placa,	and due	to the cause(s) and mani	ner as stat	ted.	
S S	2 MEDICAL EXAMIN		mination and/or inve	atigatio	n, In my o	olnion, de	ath occur	ed at the t	time, data and place, and	dua to it	ne cause(s) and menner as stated.
H	29h. SIGNATURE AND TITLE OF CERTIFIE	7 (E)	00	,	2	\mathcal{D}	29c. LICE D2	NSE NUM 29505		29d. DAT		(Month, Day, Year)
P	30. NAME AND APPRESS OF PERSON W	HO COMPLETED CAUSI	OF DEATH (ITEM 27	n) (Type,	Print)	<i>.</i> .	_				- 71	6-96
	GREGORIO BELLOSO		421 BEECH			ACE	CRI	ISFI	ELD, MD 2	1817		
	31. DATE FILED (Month, Day, Year) FEB 2 7 1996	32 REGISTRAR	'S, SIGNATURE	ıl.		_						
11	I LD & (1330	Marre min										



not the batte cept. Or regain any mental hygeric prior to comment, or removes.
be find within 12 hours after treatif with the State Dept. Of readility on other traumatic event, the medical examiner must be notified at once.
s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIENE	-	00314
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	PANIFL	CINDE		70	'Ens	MONTH DAY		R
	4. SOCIAL SECURITY NUMBER	S. SEX 8. AGE (III	(IF UNDER 24 HRS.	FEBRUARY 7. DATE OF BIRTH		
	,			MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	IRTHPLACE (State or Foreign ountry)
		1 M 2 D F 6	VRS.			12/6/35	Pe	nnsylvania
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	IF DEATH
DIRECTOR	PENINSULA REGION	AL MEDICAL C	ENTER	SAL	ISBURY		WICOM	ICO
5	RESIDENCE OF DECEDENT							
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
ā	Maryland Wic	omico	E	Eden				1 YES 2 NO
	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
B	Lot 50, Bohnak T	railar Pd		1	2182	2	11	SA
FUNERAL.	11. MARITAL STATUS							
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES				NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No- 14. R	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 XNO Specif	y:		Specify:
								White
Ш	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of t	USUAL OCCUPATI work done during m	ON ost of working	16b. KIND OF BUS	INESS/INDUSTR	(Y
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	•			
릴	6	0	Labore	er		Mini	.ng	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Malden S	Sumame)	
	Gordon B. Byer				Marga	ret K	ulp	
B	19a. INFORMANT'S NAME (Type/Print)	-				Route Number, City or Town		
9								"
	Daniel Bennage		41.	o₂ wainu	t St., S	unbury, PA	1/001	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo			OF DISPOSITION (N	ame of	DATE 20c. LOC	CATION — City o	r Town, State
	4 Donation is Other (Specify)	Pro Pro	omfret M	lanor Cr	ematory	3/2 Sun	hury 1	ΡΔ
	21. SIGNATURE OF FURERAL SERVICE LICE	DVSEE A	Dill I C C I		ND ADDRESS OF FA		bury	
	A I all	DATA		Но	lloway F	uneral Home	9	
	/ Javar)	Tto Chan	(Vecc)	50	1 Snow H	ill Rd., Sa	alisbur	y,MD 21801
	23. PART I. Enter the diseeses, or co			not enter the m	ode of dying, suc	ch ee cardlec or respli	ratory erreet,	Approximete
		ist only one cause on a	ch line.					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition				1			
	resulting in death)	- MOCARDO	as lot	ARCTION	7.			I GHZ.
		DUE TO COR AS A	CONSEQUENCE O	F):	71-1			
z	Commented that are distant.	COPON	HETET P	ncoraz	171212	X		
2	Sequentially list conditions, If any, leading to immediate							
CERTIFICATION	cause. Enter UNDERLYING	DUE TO (OR AS A	HIES	, HTA	2.			
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE O	r).				
F	resulting in death) LAST	MYOU	4716-1					
B								
	PART II. Other significent conditions	e contributing to deeth bu	t not resulting	in the underlylr	g cause given in			24b. WERE AUTOPSY FINDINGS
MEDICAL	OOPI) CIE	RH0516	164 PER	7F.55	- (PG)	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				- 17.0-0		1 TYES 2	XNO	OF DEATH?
Σ								1 TES NO
ż	DID TOBACCO USE CONTR			,		NL		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL FXAMINER?		6. PLACE OF OEA	TH (Check only one)			
Sic	1 X YES 2 NO	HOSPITAL:	ntient 3 DOA	OTHER:	ne 5 🗌 Residence	6 Other (Specify)		
7	27. MANNER OF GEATH	28a. OATE OF INJURY	28b. TIN		JURY AT	26d. DESCRIBE HOW IF	LIURY OCCURE	D
	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY W	ORK?			
В	2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Speci	— At home, term,	street, factory, offi	ce	28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,
밑	4 Homicide determined	F-1 (200 200 100 100 100 100 100 100 100 100						
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	ados dosth occur	and at the time dat	and place, and du	a to the source(s) and man	nor no etated	
8	enel							
0	2 MEDICAL EXAMINE	R: On the beals of examination	and/or investigate	on, in my opinion,	destri occured at the	time, date and place, en	due to the cau	se(e) and manner as stated.
ш	296. SUMMETURE AND TITLE OF SERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIG	INEO (Month, Day, Year)
m	- face a for				7 142	-56	D 2/	27/98
2	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (7/04	a, Print)				1.1-
	JAMES W.	ISANCS			V2X <2	1122 - CJ.	2157115	V 5- 21801 -
			TURE	MILFE	100 4	ractice, 10	11 1120/	IMP 1
	FEB 2 8 1996	Jalia Davel	orkarlell					
	FED 4 0 1330	, ,						



hours

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be

certificate has been signed by the State Dept. of Health and I, or Item 23 shows any In

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TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Af be filed within 72 hours after de IMPORTANT: If item 28 is i

detached for use as the burial-transit permit. Pages 1, 2, 3 should

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Bowling, Jr. George Conrad February 1996 4:22 a. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. t 😿 M 2 🗌 F 257-66-8534 AUG. 28, 1943 KANSAS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Golden Beach Road (Residence) Charlotte Hall St. Mary's RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY ST. MARY'S COUNTY MARYLAND CHARLOTTE HALL t TYES 2 ND ND FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? P.O. BOX 364 GOLDEN BEACH ROAD 20622 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 Y YES 2 ND IF YES, GIVE WAR DR DATES II. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE 1962 TO 1966 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spec Elementary/Secondary (0-12) College (1-4 or 5 +) FIRE FIGHTER CITY FIRE DEPARTMENT 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE CONRAD BOWLING BEULAH MAE BURKELT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20622 2 MARY BOWLING, WIFE P.O. BOX 364 GOLDEN BEACH RD., CHARLOTTE HALL, MD 20e. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State DATE 20c. LOCATION - City or Town, State LINCOLN CEMETERY Donation 5 Other (Specify) 3/4/96 BRENTWOOD, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FORT LINCOLN FUNERAL HOME, INC. Dorug 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 23. PART I. Enter the diseases, or complicellons that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final vicide Honging disease or condition_ Sec. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 ND 1 YES 2 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH HOSPITAL I ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE DF INJURY (Month, Day, Year) 28c. INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND NIA BY 2 Accident
3 Suicide
4 Homicide 28a. PLACE OF INJURY — At home, lerm, street, lectory, office building, atc. (Specify) 6 Could not be determined COMPLETED 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 AMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and pieca, and due to the cause(s) and manner as stated. 29b. SIGNATUR 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D14285 229-96 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. William Boyd, II, M.D. Leonardtown, Maryland 20650 RECISTRAL SIGNATURE ikha

e a commence was the many

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	T.	ate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Tem
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ŀ	1. DECEDENT'S NAME (FIRST, MICHIGOLOGY) STEPHEN T. BRADHURST, SR. FEBRUARY28 96 11.45 A M														
	STE	BI	BRADHURST, SR.					JARY28	9	GEAR	11:45 A M				
	4. SOCIAL SECURITY NUME		5. SEX				IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIFTTN		a. BIRTH	PLACE (State or Foreign
}	578-01-6222	81	81 YRS. MONTHS DAYS			DAYS	HOURS	MIN.	Aug.	111, J	914	New	Jersey		
	9e. FACILITY NAME (If not in	,		b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH		9c. COUP	TY OF D	EATN			
DIRECTOR	SOUTHERN	SPIT	46	(21	125	DN			PM	NCE	- GEONGES			
ទួ	RESIDENCE OF DEC	10b. COUNTY	,/			10c. CITY.	TOWN OF	LOCA	TION					1	10d. INSIDE CITY
Ë	Maryland					ningt hingt	on					LIMITS?			
	10e. STREET AND NUMBER			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	H. ZIP COD				10a CITI	ZEN OF V	WHAT COUNTRY?			
FUNERAL	13301 Chal				1.	2074				_	U.S.A.				
ž	11. MARITAL STATUS	U.S. ARM	MED	13. W	AS DE	CENDENT (OF HISPAN	IIC ORIGIN	I? (Specify Yee	or No-	14. RACE	- American Indian,			
	1 Never Married 2 🔀		FORCES? 1			0	11	yee, s	pecify Cube 5 2 X NO	n, Mexica	n, Puerto				c, White, etc.
BY	3 Widowed 4 Divo	rced	# 125, GIVE V	will on on	1123		'	1163	A LANO	Specin	<i>/</i> .			Speci	White
COMPLETED	15. DEC (Specify onl	EDENT'S EDUC y highest grade	CATION completed)		ten, DEC	EDENT'S U	SUAL OCC	CUPATI	ION ost of working	10	16b	. KIND OF BUS	INESS/IND	USTRY	
<u>_</u>	Elementary/Secondary (0		College (t-4 or 5	+}	life.	Do NOT use	retired.)			nar T	1				
MP	9				Ca	ble S	plic	er			I	otomac	: Ele	ctri	c Power Co.
8	17. FATNER'S NAME (First, M								18, MOT	NER'S NA	ME (First,	Middle, Meiden	Surneme)		
8	William Br		st									Gates			
0	190. INFORMANT'S NAME (ber, City or Town			,
	Peggy J. Th				_					t. \		ington,			
	20e. METHOD OF DISPOSIT 1 Duriel 2 Cremetic	on 3 🗆 Reme	oval from State	20b.	PLACE A	nd date of	DISPOSIT	TION (N	lame of	,	1	E 20c. LO			
	4 ☐ Donation 5 ☐ Other 21, SIGNATURE OF FUNERA		PAIGET A		Ceda	r Hil									ryland
	21, SIGNATURE OF PURERA	1 D	V				22. N.	Seo	rge I	. Ka	alas	Funera	al Ho	me	
	Lopes	AF.	Malas	-											Md.20745
	23. PART I. Enter the d	iseasea, or o	complications the	t caused	the dea	th. Do no	t enter t	he m	ode of dy	ing, auc	h sa can	diac or reapi	ratory arr	eat,	Approximste
	IMMEDIATE CAUSE (Fil	nai													Interval Batween Onset and Death
	disease or condition CERPBRAL VASCULAY Accident									4 2045					
	disease or condition . CERPBRAL VASCULON Accident OUE TO (OR AS A CONSEQUENCE OF): ARTIRIA SCIENTIFIC HEART DISEASE														
Z	Sequentially list appellions on ARTIRIAN Sclerutic Heart Disease														
Ĕ	Sequentially list conditions, If sny, lesding to immediate														
2	CAUSE (Disease or Inju		C. DUE TO	OD AC A	CONFEC	UENCE OF):	_								
CERTIFICATION	that initiated events resulting in death) LAS	т	DOE 10	(UN AS A	CONSEC	DENGE OF J									
览			d												
	PART II. Other significa	nt condition	s contributing to	death be	ut not re	suiting in	the und	lerlylr	ng csuse	given In	Part i.	24s. WAS AN		24b	WERE AUTOPSY FINDINGS
MEDICAL												PERFOR		-	COMPLETION OF CAUSE
													7.		OF DEATH? 1 YES 2 NO
_	DID TOBACCO U	ISE CONTI	RIBUTE TO CA	USE O	F DEAT	TH YES		10 [JUNG	ERTAI	N 🗆				
Ž	25. WAS CASE REFERRED T	O MEDICAL			26. PLACI	E OF DEATH	(Check or	nly one)						
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	etlent 3		OTHER:		me 5 🗆 R	eldence	8 🗆 Othe	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF			28b. TIME	OF :	28c. IN	JURY AT		28d. DE	SCRIBE HOW II	UNITY OC	CURED	
BY F	t Netural 5 2 Accident	Pending Investigation	(WOM), c	ouy, roury		111001	M		YES 2	NO					
ا ۵	3 Suicide 8	Could not be	28e. PLACE (OF INJURY	— At hor	ne, term, atr	eet, fecto	ry, offi	ce		281. LOC	ATION (Street of or Town, State)	nd Number	or Runal I	Route Number,
	4 Homicide	determined			,,										
2	29e. CERTIFIER (Check only	TIFYING PNYSI	CIAN: To the best o	f my knowl	ledge, des	ith occurred	at the tin	ne, dat	e end place	, end due	to the ce	use(e) end man	ner se stat	ted.	
COMPLET	anal .	ICAL EXAMINE	R: On the beele of	xamination	n end/or li	nvestigation,	In my op	inion,	death occu	red at the	time, dete	end plece, en	d due to th	e cause(e	e) and manner se stated.
	296. SIGNATURE AND TITLE	OF CERTIFIE	R						29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
BE	Welliam	J. d	une	un					703	5 20	6		•	2/28	196
유	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DE											(1.
	William	T. TA	NNER	MD.		11701	Lil	line	aston	Ro	40	Ft. W	ASH n	STM	MO.
	31. DATE FILED (Month, Day, MAR 0	1006	32 AEGISTO	AR'S DIGN	ATUR	1.0	-	,	J		7				
	MAR U	± 1530	June 10	1040		70.75									

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. to an account of ATTENDING PHYSICIAN: The law requires that the death certificate be executed whitm: 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR	STATE OF I		/ DEPAR					MENTAL	HYGIEN REG. NO			00011
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATN	44	YEAR	3. TIME OF DEATN
	MARY -	A. H.	BEE	GLE					MARCH				3:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE ((Month,	Day, Year)		. BIRTN	PLACE (State or Foreign
	164-09-7088	85	YRS.					OCT.	. 16, 1910 NEW J				
~	9a. FACILITY NAME (If not institution, give st			R LOCATIO	ON OF DE	ATH		9c. COUNTY OF DEATH					
2	2711 LAKE AVENUE		CHE	EVERI	LY				PRINC	E G	EORGE'S		
DIRECTOR	10a. STATE 10b. COUNTY	7		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	A A A A A A A A A A A A A A A A A A A	E GEORGE	E'S	CHI	EVERI	LΥ							1 TYES 2 NO
3AL	10e. STREET AND NUMBER					101	. ZIP CODI						THAT COUNTRY?
FUNERAL	2711 LAKE AVENUE						207						TATES
	1 Never Married 2 Married		YES 2			If yes, sp	ecify Cube	n, Mexica	n, Puerto R	? (Specify Yea Idan, atc.)	n or No — 1	Black	— American Indian, White, etc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE Y	MAR OR DATES			1 U YES	2 X NO	Specify	<i>r:</i>		_	Specit	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON ast of workin	107	16b.	KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)								
MP	12 17. FATHER'S NAME (First, Middle, Lest)		SE	CRETAI	RY/TE	REAS		e de la composición della composición della comp			SPLAY	COM	IPANY
	JOHN ROLAND HOPK	TNC								OPKIN			
BE	19a. INFORMANT'S NAME (Type/Print)	TIND		19b. MAILING	ADDRES	\$ (Street a					n, State, Zip C	ode)	
5	MARGARET A. BEEGL	LE, DAUGH									MARYL		20785
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	ovel from State		E AND DATE	OF DISPOS	SITION/Ne			DATE		CATION — C		
	FORT LINCOLN CEMETERY 3/5/96 BRENTWOOD, MARYLAND												
	21. SIGNATURE OF PUREFAL SERVICE (CENSUS) 22. NAME AND ADDRESS OF FACILITY FORT LINCOLN FUNERAL HOME, INC.												
	3401 BLADENSBURG RD., BRENTWOOD, MD										MD 20722		
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Bue it	last	death. Do	Ca	SCU	L OM	Ing, sucl	of .	QUAL	fratory arre	et,	Approximata interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): d.											OMONE	
CAL	PART if. Other aignificant condition	s contributing to	death but no	t resulting	In the u	nderlyln	g ceuse	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC									- 1	1 TYES	NO		COMPLETION OF CAUSE OF DEATH?
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AN	DID TOBACCO USE CONTI	KIBUIE IO CA		LACE OF DEA				EKIAII	и Ц]			_	
SICI	EXAMINER?	HOSPITAL:	EB/Outpatiant	3 🗆 DOA	OTHE		. No	naldanna	8 🗆 Other	/Enenthal			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. Till	4E OF	26c. IN.	JURY AT	- Indence			INJURY OCC	PED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(MORRI, I	Day, Year)	- 114	JURY	_	YES 2] NO					
COMPLETED B	3 Suicide 6 Could not be determined	28e. PLACE (building	OF INJURY — At , atc. (Specify)	home, farm,	street, fed	ctory, offic	:0		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
LE.	29a. CERTIFIER 1 CERTIFYING PNYSI	ICIAN: To the best o	f my knowledge,	death occur	red at the	time, dete	and place	, and due	to the cau	se(a) and ma	nner as state	1.	
WC	(original or		11.12	- 4									i) end menner se stated.
BE	29b. SIGNATURE AND TITLE OF CHITIFEET 29b. SIGNATURE AND TITLE OF CHITIFEET 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. ON NIONE D (North, Day, Year)												
5	30. NAME AND ADDRESS OF PERSON WH			7		1/2		r	1 -	+	//		
	THOMA'S G. MALONEY		1.D., 4		IST A	AVEN	UE, I	IYAT	rsvil	LE, M	ARYLAI	VD 2	0784
- 1	31 DATE FILED (Month, Day, Mar)	32. REGISTR	AR'S SIGNATUR	E									

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the same of any the same

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medicai Examiner 1. Decedant's Nama (First, Middla, Last) JACK

D. BANNING

2. Date of Deeth March 4, Day 1996 1:30 PM

4a. Fecility Name (If not institution, giva straat and number)

Hyattsville Health Care Center

4b. City, Town, or Location of Deeth Hyattsville

4c. County of Death Prince Georges

Funeral Director

the Maryland

filed within 72 hours after Hygiena.

pernit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiena important: if frem 27 is marked other than any injury or other traumetic avent

Physician /Medicai

Examiner

burial-transit

Physician/Medical

à

Completed

Be

2

Certification:

Medical

and

physician a

attending 0

signed by i

Deen page 2 s has certificate

After this

Director:

3

Records, P.O. Box 68760. The law requires that the death certificate be

Division of Vital

or Attending

death.

To the Hospital or within 24 hours at To the Funerel Di

Baltimore, Maryland 21215-0020

10e. Stete

10XM 2□ F 10b. County

Days

If Undar 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) February 20, 1949

Birthplace (State or Foreign Country)

Usual Rasidanca of Decedent

5. Social Sacurity Number

219-48-9478

Prince georges

10c. City, Town or Location

7. Aga (In yrs. last birthday)

47

10d. Insida City Limits

1X Yes 2□No

28a-f ehow 7 is marked other than "natural", or itema 23a or 28a-f ehor traumatic event, the Madical Examiner must be notified at Maryland Director

by

Completed

Be

Seeabrook

10f. Zip Code 20706

1 ☐ Yas 2 ☑ No

10g. Citizen of What Country?

U.S.A.

10e. Street and Number

9805 Good Luck Road, #1

12. Was Dacedant Ever in U.S. Armed Forcas? 1 ☑ Yas 2 ☐ No Ir Yas, Giva Yaar or Detes:

Collega (1-4or 5+)

 Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Specify:

Hours

14. Raca - Amarican Indien, Black, White, atc.

Specify: Caucasian

Goddard Space Center

3 ☐ Widowad 4 ☐ Divorced 15. Decedant's Education (Spacify only highast grade complated)

1 Navar Married 2 Merried

Eiamantary/Secondary (0-12)

16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) Security Guard

16b. Kind of Businass/Industry

17. Fether's Nama (First, Middla, Last)

Ralph N. Banning

18. Mothar's Name (First, Middle, Maldan Surnama) Minnie A. Crismon

19a. Informant's Name/Ralationship (Type, Print)

19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 507 N. Yosemite Drive, Nixa, MO 65714

Ralph N. Banning

Burial 2 Cremation 3 Ramoval from Stata

ntar tha disaasa, or complications in heart failura. List only one cause

20b. Place of Disposition (Name of cematary, crematory or other place)

20c. Location - City or Town, Stete

20e. Mathod of Disposition 4 ☐ Donation 5 ☐ Othar (Specify)

Maryland Veterans Cemetery

March 11, 1996

Cheltenham, MD

Funeral Service License

22. Nama and Addrass of Facility Rendon/Hale Funeral Home death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

9013 Annapolis Road, Lanham, MD 20706

Approximate Interval Batween Onset end Death

3-4 Days

Immediata Cause (Final disaasa or condition rasulting in deeth)

SEPSIS

Dua to (or as a consequence of)

Sequantially list conditions, if any, laading to immadiate cause. Entar Underlying Causa (Diseese or Injury that initiated events rasulting in death) Last

Dua to (or as a consequence of):

Dua to (or as a consequance of):

Part II. Other significant conditions contributing to death but not rasuiting in the underlying cause given in Part I.

Stage IV

23b. Did tobacco use contributa to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wara sutopsy findings available prior to completion of causa of death? 1 ☐ Yas 2 ☐ No

1 Yee 2 No

1 ☐ Yas 2 No 27. Manner of Death

1 Natural 2 Accidant

3 Suicide

4 Homicida

25. Was casa rafarrad to medical

5 Pending invastigation

DECUBITUS ULCER

28e. Data of injury (Month, Day Year)

28b. Time of

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28d. Dascribe how Injury occurred

Other: 4XNursing Homa 5 Residence 6 Other (Specify)

26. Placa of Daath (Check only one)

6 Could not be detarmined 28e. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a, Certifier

🕍 Cominifying Physician: To tha best of my knowledga, death occurred at tha firma, data and place, and dua to tha cause(s) and mannar as stated. ical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stelled.

29b. Signature and title of certifier

D42580

29c. Licansa number

March 8, 1996

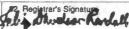
29d. Date signed (Month, Day, Year)

30. Nama and address of person who complete causa of daath (Itam 23a) (Type, Print)

> Parmjit Aujla, MD, 5632 Annapolis Road, #14, Bladensburg, MD 20710

State Registrar

31. Data filed (Month, Day, Year) MAR 08 1896



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

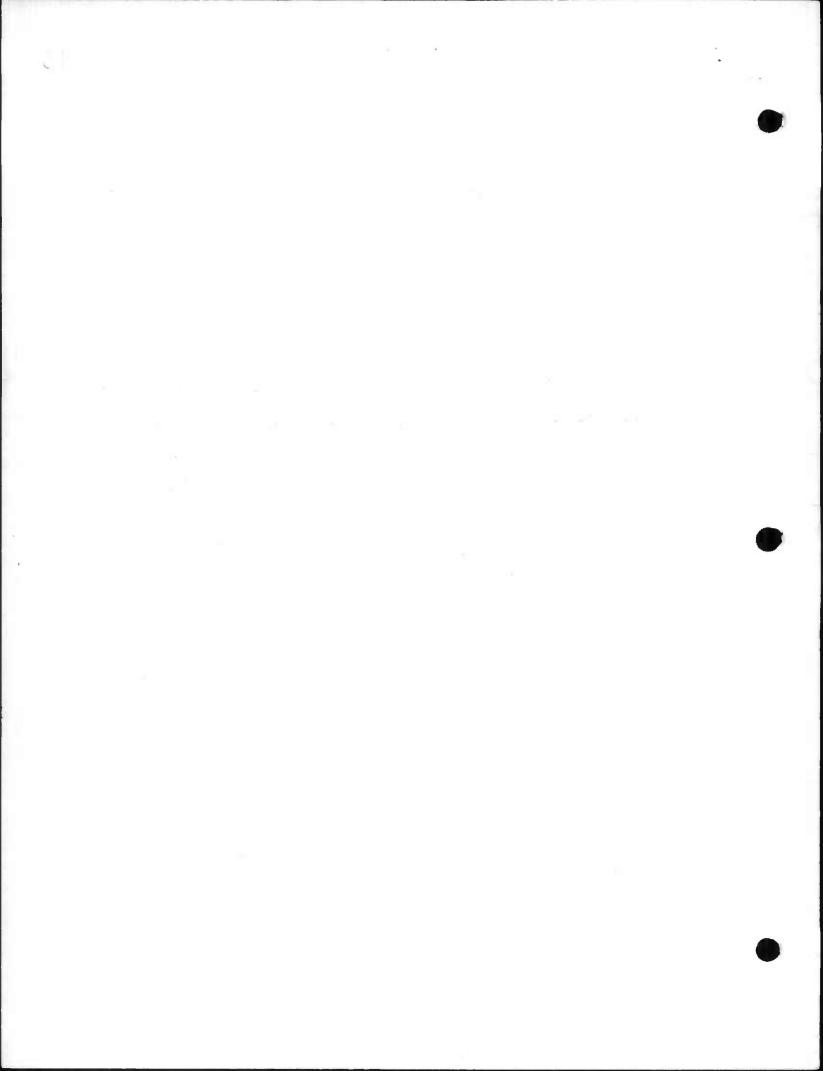
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR
	1. D	ECEDENT'S	NAI

3/12/96, B.P., WORCESTER CO.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RIFIC	ATE O	F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF OEATH	
	CATHERINE D	AVIS BUTL	ER				3	8 DA	96	YEAR	0030	М
	4. SOCIAL SECURITY NUMBER			in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				BIRTH			PLACE (State or Foreign	
	579-12-5862	1 M 2 X F	75	YRS. MONTHS DAYS HOURS MIN.				(Month, Day, Year) 11/9/20			" DC	
	9a. FACILITY NAME (If not institution, give str	ireet and number)	94	CITY TOW	N OR LOCATION OF D		7/20	9c. COUNT	TV OF DE			
œ	Atlantic General						CAIII					
DIRECTOR	RESIDENCE OF DECEDENT	nospitai			Бе	rlin			WOI	rces	ter	
2	10e STATE 10h COUNTY			10c. CITY, T	OWN OR LO	CATION				Т	10d, INSIDE CITY	-
<u> </u>	MD SOON,	Worcester		Be	rlin						LIMITS?	
	10e. STREET AND NUMBER					101. ZIP CODE		_			1 YES 2 NO	_
¥	60 Watertown	DD							10g. CITIZ		HAT COUNTRY?	
뷜						21811					JSA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 TYPE	RINUS ARM	MED O		ECENDENT OF HISPA specify Çuban, Maxico			or No-	14. RACE Black	- American Indian, White, etc.	
R	3-X-Widowed 4 Divorced	IF YES, GIVE WAR OF				ES 2 NO Specif		.,,	- 1	Specif		
					1						Wille	
	15. DECEDENT'S EDUC (Specify only highest grade of		(Giv	CEDENT'S USI	done during	ITION most of working	16b. KIR	OF BUS	INESS/INOU	STRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	tired.)							
¥	12			Secret	tary			Medic	cal		100	
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Midd	ie, Malden S	Surname)			
H H	Edwin Oscar D	avis				Eliza	beth F	aulir	ne Th	omp	oson	
	19e, INFORMANT'S NAME (Type/Print)		19b	MAILING AD	DRESS (Stree	et and Number or Rural	Route Number, (City or Town	, State, Zip (Code)		Т
۲	Jo-Anna Schann	10		2989	Ocea	n Pines E	Berlin	MD	2181	1		
İ	20a, METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF C			DATE		CATION — C	_	ern. State	-
	1 XBuriel 2 Cremation 3 Remo	oval from State	cemetery, cren	natory or other	Place)		/14/96		itland			
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE		CCGGI		V	AND ADDRESS OF FA			itiani	J 1	AU	-
- 1	N/X	16.1				Williams	_	Burb	age F	une	ral Home	
_	M. Mar	Juna	1								1811	
-1	23. PART . Enter the diseases, or co	omplications that ofur	sed the der	th. Do not	enter the	made of dulan au	h as cardiac	or manir	raton, arra	at	Approximata	
						node or dying, suc	il as calmec	Oi roopii	atory arre	ent's		
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Date of Death **Physician** 12:06 p.m EVELYN **JEAN** BEALL 4b. City, Town, or Location of Death /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner Frederick
If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Frederick Memorial Hospital Frederick 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) **Funeral** 1□M 2⊠F Months Deys 69 Yrs Director 219-20-0742 Sept. 21, 1926 Maryland Usuei Residence of Decedent Pages 1 and 2 should be filed within 72 hours after deeth with the Manyland nent of Heelih and Mental Hygiene.
Int: If Item 27 Is marked other than "natural", or items 23s or 28=4 show any or other tranmate event, is a Medical Examiner man by notified at any or other tranmate event, is a Medical Examiner man by notified at 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Frederick Frederick 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8202 Blue Heron Drive United States Funeral 21701 12. Wes Decedent Ever In U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: 11 Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, apecify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Never Married 2 Nerried altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Homemaker Own 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Malden Surname) Be Arthur Bradley Josephine Payne 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Clinton Howard Beall, husband 8202 Blue Heron Drive Frederick, Maryland 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, State 1 KBunei 2 Cremetion 3 Removel from Stete permit. Page Department of Important: If any Injury or once. 4 Donetion 5 Dother (Specify) Manor Cemetery 3/2/96 Frederick, Maryland 22. Name end Address of Facility Stauffer Funeral Homes, P.A. 21. Signeture of Funeral Service 13 1621 opossumtown Pike Frederick, MD 21702 23. Fart. Enter the disease, or complications that couled the death. Do not enter the mode of dying, such as cardiec or respiratory errest, sheek, or hear failure. List only one cause on such line. Approximate Intervei Between Onset and Deeth **Physician** /Medical Immediete Cause (Finel incephaloja Yhn disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Due to (or es a consequence of) The law requires that the death certificeta be executed physician end s the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In death) Lest Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): 98 esn o Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ate has been signed by the page 2 should be deteched 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Completed 24e. Was an eutopsy performed? 200 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attanding Physicien:
 24 hours after death.
 Funeral Director: After this certifica 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) examiner' 1 Yes 20140 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 Inpatient 2 ER/Outpetient 3 DOA funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Netural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner steted. 29e. Certifier To the Hosp within 24 hou To the Funer completely fil Medical 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 2-28-96 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) permine de, woodbyo, us MI) 16200 32. Regimer's Signature 31. Dete filed (Month, Dey, Year)

DHMH 16 Ray 6/95

State

Registrar

MAR 0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) Tori Ann	a			30s-		2. DATE	OF DEATH		YEAR GLO	3. TIME OF DEATH 0853 M		
	4. SOCIAL SECURITY NUMBER 900-22-9988	5, SEX 6.	AGE (In yrs. lest birth	NONTHS	DAYS	HOURS MIN.	7. DATE (Mont) Mar	OF BIRTH	96	Country Mar	PLACE (State or Foreign yland		
FOR	9a. FACILITY NAME (If not institution, give at PENINSULA REGION		L CENTER	9b. CIT		SBURY	EATN		9c. COUNT WICO				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Wico	Salis					10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	104. STREET AND NUMBER 237 Newton Str		C			21801					HAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO	13.	If yes, sp	ENDENT OF HISPAI ecify Cuben, Maxice 2 NO Specif	n, Puerto						
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kin	NT'S USUAL Of d of work done OT use retired.)	during mo	DN st of working	161	. KIND OF BUS	SINESS/INDU	STRY	DZ U OK		
COM	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NA									
TO BE	Cecil Mervin 19a. INFORMANT'S NAME (Type/Print)	Boston J		LING ADDRES	S (Street a	Sheri							
-	Sheri Anita Boston 237 Newton St.Apt.C, Salisbury, Md.21801 206, METNOD OF DISPOSITION 206, PLACE AND DATE OF DISPOSITION (Name of Control of												
	20e, METNOD OF DISPOSITION 1												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Blody B. Stewart 22. NAME AND ADDRESS OF FACILITY. Stewart Funeral Home 821 West Rd. Salisbury, Md. 21801												
	23. PART I. Enter the diseases, or calculated and sease or condition resulting in death)	List only ons cause	on aach line.	P Q	r the mo	de of dying, auc	h aa can				Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
EDICAL	PART II. Other significant condition	a contributing to da	ath but not rasult	ling in tha u	ndariyin	g causa givan in	Part I.	24a. WAS AN PERFOR	IMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	DID TOBACCO USE CONTI	RIBUTE TO CAU				UNCERTAI	N 🗆						
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF	OTHE	A:	e 5 Residence	8 Oth	er (Specify)					
PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY 28b	. TIME OF INJURY	28c. tNJ WO			SCRIBE HOW I	NJURY OCCU	RED			
TED BY	Accident investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF II	NJURY — At home, to (Specify)	erm, street, ta					treet and Number or Rural Route Number, State)				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PNYSI 2 MEDICAL EXAMINE										and manner as stated.		
BE	AND ALDERHOUSE WHO JILTE OF CENTINES	~eD	29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)							
ТО	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)	4						T.		
	31. DATE MAR 101. 1996	Julia dand	SIGNAPURE OF LONGILL	The state of the s									

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96 08322 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BROOMFIELD MONTH Februar 996 1:50 P M 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Your) AUGUST 6, 1907 5-44-5265 10 M 2 XI YRS. Kentucky 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ALLEGIS HEALTHCARE - Kensington RESIDENCE OF DECEDENT Montgomery Kensington, Mo DIRECTOR 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Kensington 1 TYES 2 1 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? United States 10f. ZIP COOE 3000 McCombs Ave 20895 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married

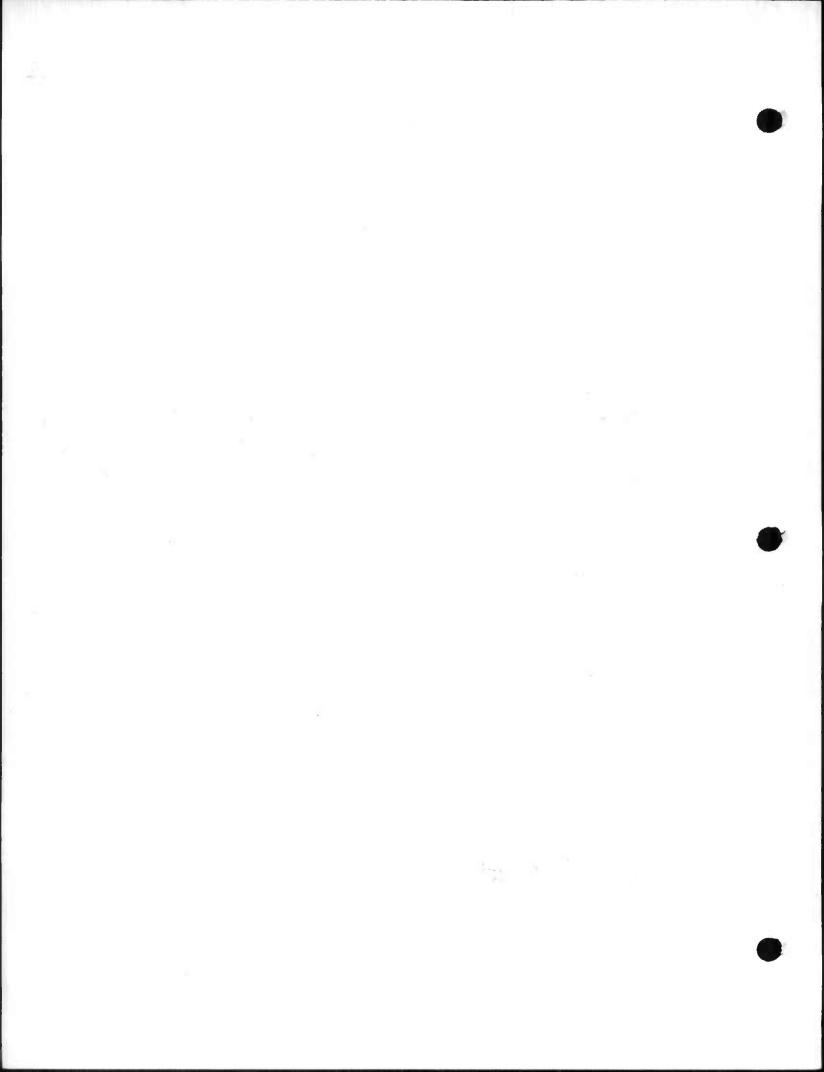
Widowed 4 Divorced 1 - YES 2 XX00 Specify. BY Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Clerk Retail Sales 7th 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Eura Bell Haynes Charles M. Hudgeons BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20059 2920 Yowaiski Mill Rd, Mechanicsville, Maryland 19a. INFORMANT'S NAME (Type/Print) 5 William R. Broomfield e 20a METHOD OF DISPOSITION

FM Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of March 4, 1496 20c. LOCATION - City or Town, State must 4 Donetion 5 Other (Specify) Washington National Cemetery Suitland, Maryland 22. NAME AND ADDRESS OF FACILITIES Funeral Home, Inc 6633 21. SIGNATURE OF FIMENAL examiner Old Alexandria Ferry Road, Clinton, Md 20735 medical 23. PART (. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hard failure. List only one cause on each line. ck, or haart fallura. List only one cause on each line. intarvai Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ ALZHIEMER'S DISEASE DEMENTIA resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF MULTIPLE STROKES traumatic CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY HEART any FAILURE 1 | YES 2 | W OF DEATH? Shows 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Delta\) UNCERTAIN \(\Boxed{1}\) 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem HOSPITAL: OTHER
4 Mursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNEB OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the ation and/or investigation, in my opinion, death occured at the time, data and placa, end dua to the cause(a) and menner es stated. THENATURE AND TITLE OF GENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) D36046 2

John Merending, 4701 Randolf Road, Rockville, Md 20852

Julia Davidson Rardall

2. REGISTRAR'S SIGNATURE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_						: ivialyia		tificate of	Death		Reg. No.	96	08323		
	Physici	ian	1. Decedent's Neme (First,		91)					2. Dete of D Month	Day	Year	3. Time of Deeth		
	/Medi	cal	ONEIDA BRY						4h Ohi Taum and	MARCH		1996	7:25 AM		
	Examir	ner	4a. Facility Name (If not ins Fort Washi						4b. City, Town, or L			ity of Death			
			5. Sociel Security Number	19 CON			ast birthday)	If Under 1 Year	Fort Wa	shingto	on Princ	ce Geo	orge		
	Funeral Director		579-10-5343 Usuel Residence of Decede	1	□M 2 QF	82		Months Days	Houra Min.	8. Dete of B (Month, D	ay, Year) L5, 1913		olece (Stete or Foreign ntry) sinia		
	anylend show	_	10e. Stete 10b. C	ounty		10c. C	ity, Town or Lo	cation				1	10d. Inside City Limits 1 ☐ Yes XX No		
	8a-f	cto		rles			Waldor								
	Vith to	吉	10e. Street and Number					10f. Zip Code			10g. Citizen o	n of What Country?			
	ath v	Fra	3513 Norwood	Cou		4	10 100	20602			United				
Id 21215-0020 filed within 72 hours efter death with the Marylend I Hygiene.	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryler Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral Director	11. Marital Status 1 □ Never Merried 2□ \$\frac{3}{2}\text{Widowed} 4 □ Div		Armed Fo 1 Yes il Yes, Giv	ŞQNo ∕e		was Decedent of the fives, specify Cub. I ☐ Yes 2 ☐ ☑ ▼	dispenic Origin? (Spen, Mexican, Puerto Specify:	Decity Yes of No.	Spec	ace - Americ leck, White, hity: Whit	etc.		
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	filed Hyg offier	Be C	17. Fether's Neme (First, M	iddle, Last))		CICILI	Ja1	18. Mother's Nen	ne (First, Middle	U.S. C		ment		
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Maryland	shou and N mar		19e. Informent's Neme/Rei				19b. Meilir	g Address (Stree	m, Stete, Zip	Code)					
	es 1 end 2 of Heelth e item 27 is r other trai		Diane K. Dom	an-Gr	anddaug		703 0	Villought	by Ave. , R	ockvill	e. Mary	land	20851		
ore			20e. Method of Disposition	** 0 🗆	Domesti Iron	20b.	Piece of Dispo	sition (Neme of netory or other ple	∞)March 9	-1996	20c. Location	n - City or To	own, Stete		
E I	Peges nent of i		1 ☐ Buriel 2 ☐ Creme 4 ☐ Donetion 5 ☐ Ott								Suitla	nd. M	arvland		
Baltimore,	permit. Departments any inju		4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Lee Funeral Home, Inc 663 Alexandria Ferry Road, Clinton, Md 20735										6633 Old		
			23a. Part1. Enter the disee	se, or comp List only	pilcetion that cone cause on e	aused the dee ach line.	th. Do not ent	er the mode of dyi	ng, such es cardiec	or respiretory	errest,		Approximete interval Between Onset and Death		
7	Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)		CARD	IO VAS	SCULAR	SHOCK				2	24 HRS.		
		ner	resulting in destry		REPE		or as e consec JPPER		NTESTIN	AL BL	EED	2	2-3 DAYS		
,	executer in and iel-trans	Examiner	Sequentielly list conditions if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury	ſ	USE !		ores a conseq		OR ARTH	RIKIS		3			
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Вох	that the death certification of the ettending of the ettending of detached for use es	Physician/M			d										
P.O.	t the d	hysi	Pert ii. Other significant co					nderlying cause gi	ven in Pert I.			co use contribute to the cause of death? 2 □ No 3 □ Probably 4 ☑ Unknown			
	es that igned b	by PI	SEVERE ANEI	11A [DUE TO	BLEEL)			16	TOS ZLINO	3 Pro	bably 4 ∑ Unknown		
of Vital Records,	been s	Completed b							24e. We	performed? aveilable		/ere autopsy lindings /eilable prior to ompletion of cause death?			
Ä	The law ate hes page 2	E								1□	Yes 2 No	1(□Yes 2□No		
ita		Bec	25. Wes case referred to m	edical					26. Placa of Dee	th (Check only	one)				
>	5 00	To	examiner? 1 ☐ Yes 2000No		Hospitel: 19CM	npatient 2	ER/Outpatien	t 3 DOA Ot	her: 4 Nursing H	ome 5 Res	sidence 6 🗆 C	ther (Specia	fy)		
Division o	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral		2 ☐ Accident in	ending vestigetion	1	of injury th, Dey Year)	28b. Time of Injury	Wo	ry et rk?] Yes 2 □ No	28d. Describe	28d. Describe how injury occurred				
Divis	tal or Atta	Certification:		3 ☐ Suicide 6 ☐ Could not be			28e. Pleca ol Injury - At home, ferm, street, lactory, office building, etc. (Specify)					28I. Location (Street end Number or Rurel Route Number, City or Town, Stete)			
	To the Hospital of within 24 hours of To the Funeral D completely filled to	edical	29a. Certifier (Check only one)	rtifying Phy dical Exam	niner: On the ba	best of my knows of examination of examination of examination of the state of the s	occurred et the ti restigetion, in my	the time, dete end pieca, end due to the ceuse(s) end menner as steted. n my opinion, deeth occurred et the time, date end piece, end due to the							
	Vithii To th	Me	29b. Signeture and title of c	artilier	1			29c. Licen	se number	,	29d. Dete sign	ned (Month,	Day, Year)		
			Kickard G. Farson MD DO						237		MARCH 07, 1996				
	V 19		30. Neme end eddress of por					Print)		HINGTO	ON, MD	2074	, 4		
	Sta Registr		31. Dete liled (Month, Dey,		996 32. R	egistrar's Sign	ature Ra	dall				E	A		

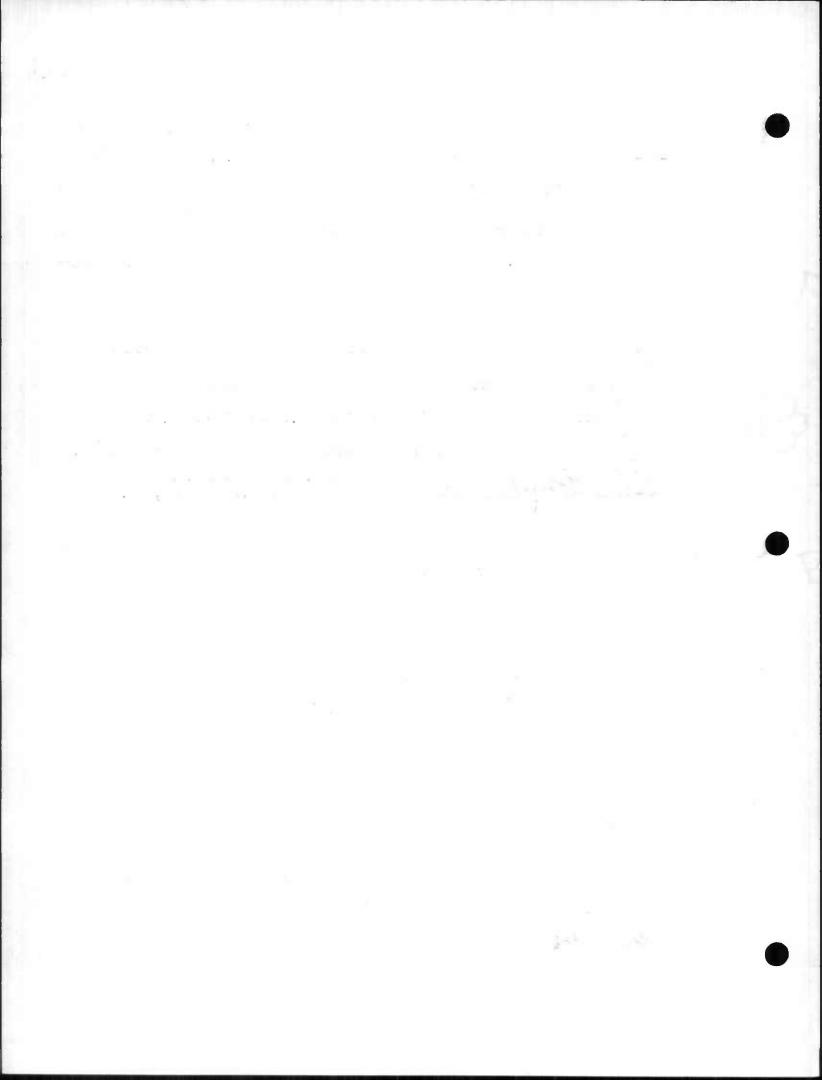
DHMH 16 Rev 6/95

1 V CAT A A Z A ng at the gar villager is a first of an account of an TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN			00324	
	1. DECEDENT'S NAME (First, Middle, Last) Perry	Oliver	Butt			2. DATE OF DEATH DO FEBRUARY 2	77 190	EAR	0:24A	
	218-24-0539	SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH						a. BIRTHPLACE (State or Fore Country) Maryland		
OB	9a. FACILITY NAME (If not institution, give stree Doctors Community		96		n LOCATION OF DE Tham	ATH	orge's			
- DIRECTOR		tgomery	10c. CITY, TO		ckville		10	NSIDE CITY IMITS? YES 2 XNO		
FUNERAL	13741 Travilal			101	20850			ted St		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2/LANO	If yes, sp		HC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	s or No— 14.	RACE — Am Black, White Specify: Whi		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		18e. DECEDENT'S USL (Give kind of work life. Do NOT use re Carpe:	done during mo tired.)	N It of working	186. KIND OF BUS	struct			
BE CON	17. FATHER'S NAME (First, Middle, Last) Luther Aldri	idge Butt				ME (First, Middle, Meiden a Dorton	Surname)			
10 8	19a. INFORMANT'S NAME (Type/Print) Susana Butt					ockville,				
	20c. METHOD OF DISPOSITION 1. Burlai 2 Cremation 3 Removal from State 20c. LOCATION - City or Town 1. Burlai 2 Cremation 5 Other (Specify) Monocacy Cemetery 3/1/96 Beallsville									
	21. SIGNATURE OF FUMERAL SERVICE LICES Clin L. N	Tolesmon	h			sworth, P.		d. 208	872	
CERTIFICATION	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	23. PART I. Enter the diseases, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Septic Shock DUE TO (OR AS A CONSEQUENCE OF): Peritonitis DUE TO (OR AS A CONSEQUENCE OF): List Peritonitis DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Gastric perforation Peripheral Vascular Disease Afrial Fibrillation DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IN UNCERTAIN									
PHYSICIAN		HOSPITAL:		THER:	e 5 🗆 Realdence	8 Other (Specify)				
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 🗆	RK? 'ES 2 NO	28d. DESCRIBE HOW			hambar	
ETED	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At homa, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At homa, farm, street, factory, office City or Town, Stete) 28l. LOCATION (Street and Number or Rural Route City or Town, State)									
COMPLETED	and only	AN: To the best of my know On the basis of examination							nanner as stated.	
TO BE C	20L SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		nt)		550 12-2			-96	
	George C- H	COMPLETED CAUSE OF DE	m.O. 9	850	Forbes	Blud. Lar	ham,	Md 2	c706	
	MAR 0 1 1996	Felix Stews	enchant is							



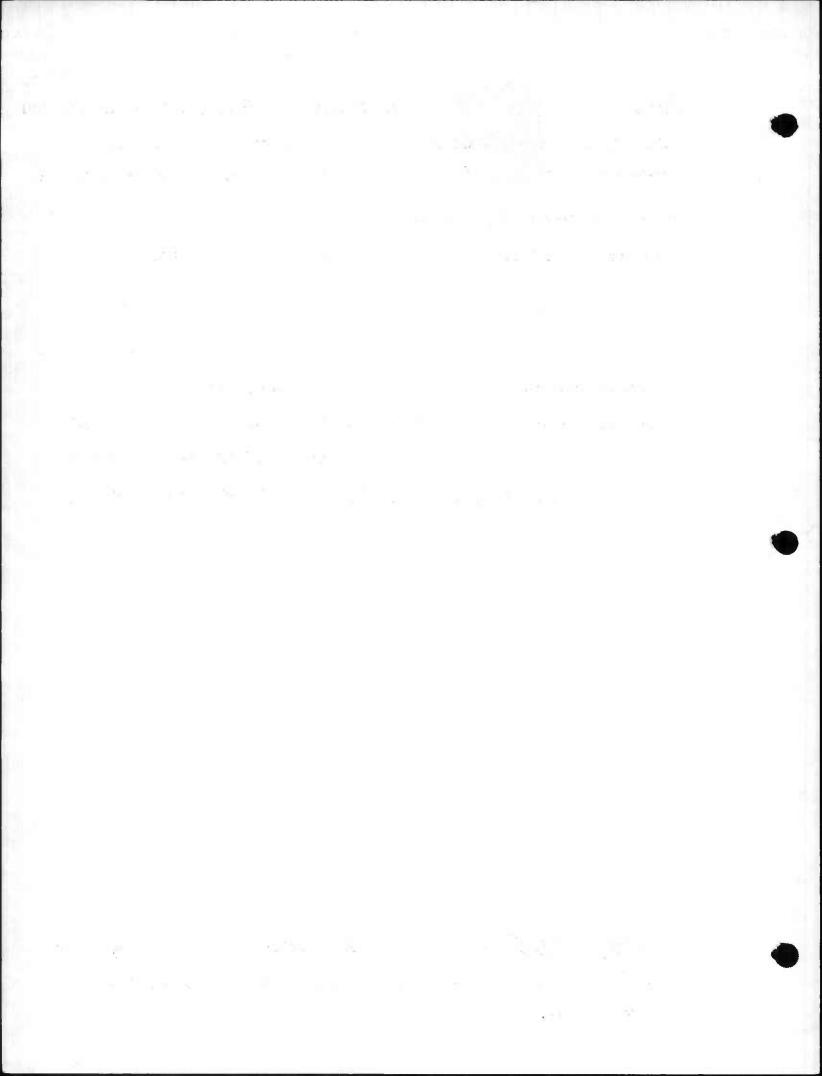
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Jay 28 **Physician** Month 1996 BARTRAM 1150 AM rebruary /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Shady Grove Adventist Hospital Rockville Montgomery If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□F Months Deys Hours 90 233-40-7992 Director Aug. 11,1905 | West Virginia Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Health or other traumatic event 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2€No Maryland Montgomery Boyds Director 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12208 Greenridge Drive 20841 U.S.A. by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indian, Biack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify. Specify: White 3 Midowed 4 Divorcad Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Sales Aluminum 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Freelin Bartram Drusila 0sborn 19a. Informant'a Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12208 Greenridge Drive, Boyds, Maryland Gerald Bartram - Son 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State Montgomery Crematorium 3/1/96 Bethesda, Maryland 4 Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 22. Neme end Address of Fecility Olin L. Molesworth, P.A., Funeral Home The the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiretory errest, or have failure. List only one cause on each line. 20872-0117 Approximete intervai Between **Physician** /Medicai Immediata Ceuse (Final disease or condition resulting in death) Examiner Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within & Abours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burla-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Box 68760. Physician/Medicai Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? Division of Vital Records, P.O. 1 | Yes 2 Probably 4 Unknown angestive þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturai 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be datarmined 3 Suicide 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledga, death occurred at the time, data and piaca, and dua to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner steted. Medical 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed causa of death (itam 23a) (Type, Print) 15225 Shady Grove Read 6-0 31. Data filed (Month, Day, Year) State MAR 01 Registrar

DHMH 16 Rev 6/95



by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		at once.
nours after death. Page 6 may be retained	d in by the funeral director, page 5 should	or removal.	medical examiner must be notified
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians and applicable or attending physicians.	he attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NG PHYSICIAN: The law requires that the	frer this certificate has been signed by the	eath with the State Dept. of Health and I	marked, or item 23 shows any in
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after de	IMPORTANT: If item 28 is

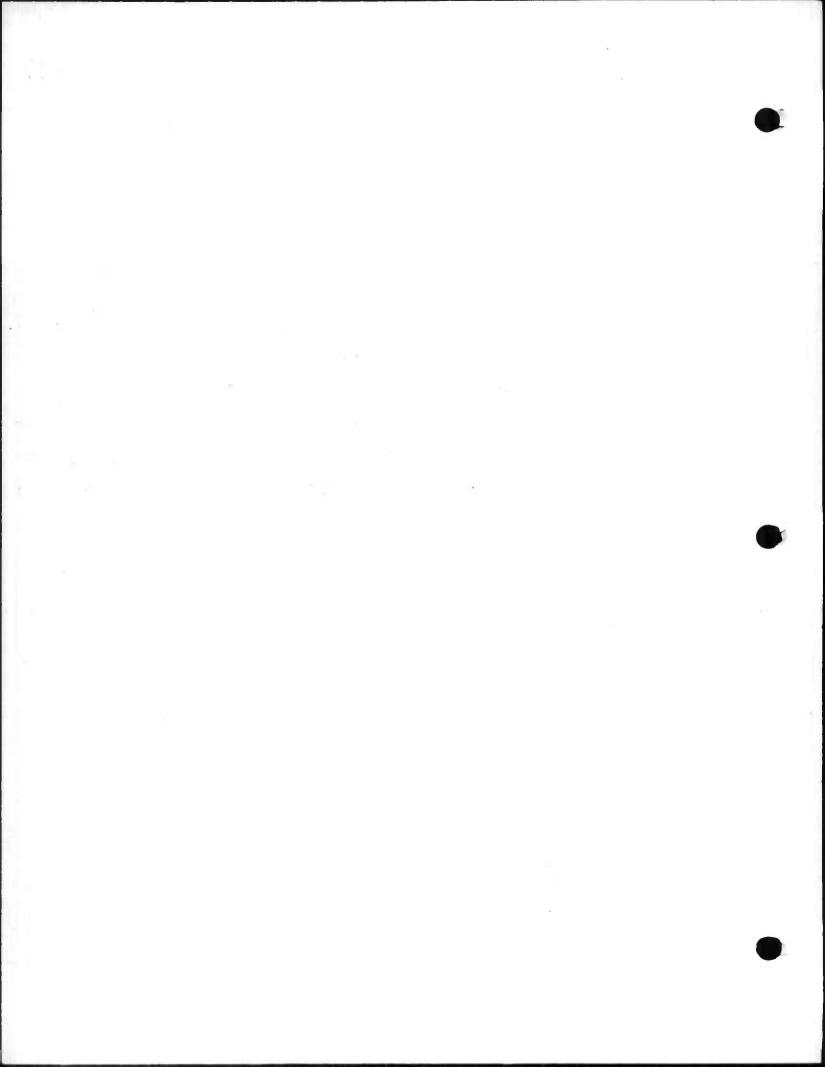
Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYG			00020	
	1. OECEDENT'S NAME (First, Middle, Lest) ARTHUR	BFI	PRN HAR			2. DATE OF DEA MONTH	DAY	YEAR	TIME OF DEATH P	
	Control of the Contro	SEX 6. AGE (In)	MON	UNDER † YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye OCT 17	iar)	Country)	ACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give street SOUTHEAN)	MARY AND			LOCATION OF OE		9c. COU	NTY OF DEA	GEONLES	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY NA			OWN OR LOCAT	• · ·			1.0	Od. INSIDE CITY LIMITS?	
	10s. STREET AND NUMBER	NE	Ţ WIZOAL		ZIP CODE	20017		ZEN OF WH	AT COUNTRY?	
BY FUNERAL	2903 12TH STREET, N.E. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. Wildowed 4 Divorced 14. RACE— 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, apecify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE— 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, apecify Cuben, Mexicen, Puerto Rican, etc.) 16. Page 17. Page 18. Page 19.								- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	6a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos		16b. KIND 0	F BUSINESS/INC	DUSTRY	Baron	
OMPL	11 17. FATNER'S NAME (First, Middle, Last)		NURSE		18 MOTHER'S NA	NURS	ING HOM	[E		
BE CO	JOHN BARNHART					SMITH BA				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street e.	nd Number or Rural I	Route Number, City	or Town, State, Zip	Code)		
-	GRACE S. BARNHART				EET, N.E				20017	
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	FOF	LACE AND DATE OF DE ery, cremetory or other I RT LINCOL	N CEME	TERY 3/	2/96 E	RENTWO	DD, MA		
	21. SIGNATURE OF FUNDAME SERVICE	100			LINCOLN BLADENSB				MD 20722	
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between Onset and Death of Pulming and the ceuth of Pulming and the ceuth of Pulming and the centre of									
	reaulting in death) a	DUE TO (OR AS A C	ONSEQUENCE OF):						Nem on 1	
ATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	DUE TO JOB AS A C	consequence of:		in V.van				Years.	
CERTIFICATION	CAUSE (Disease or Injury thet initisted events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	0'					New	
AL	PART II. Other algnificant conditions of	contributing to death but	not resulting in the	he underlying	cause given in	PI	AS AN AUTOPSY ERFORMED?	, A	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
ME	DID TODA COO LICE CONTRIB	HIPOTO			I III I CERTA III			1	☐ YES 2 ☐ NO	
AN	DID TOBACCO USE CONTRIB		DEATH YES	Check only one)	UNCERTAI	и Ц]				
SICI	EXAMINER?	OSPITAL:		THER:	5 Reeldence	6 Other (Specifi	y)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	JRY AT RK? ES 2 NO	28d. DESCRIBE	OW INJURY OC	CURED		
28e PLACE OF INJURY — At home form street factory office 28F I OCATION (Street and Number or Russ								or Rural Rou	ute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA	N: To the best of my knowled							and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				Month, Day, Year)	
BE	K. A.	and N	de		1256	540	ÞQ.	6	27. 1991	
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, Prin	EN AL	E SE #	# 202 1	UASH	DC	20032	
	MAR U6 1996	82. REGISTRADO SIGNAT	VAE				1211			

white with my are in you

STATE	0F	/ DEPARTMENT			MENTAL	HYGIENE
		CERTIFICATE	OF	DEATH		REG. NO.

		REGISTRAR		CERTIFICATE (OF DEATH	REG.	NO.	
		1. DECEDENT'S NAME (First, Middle, Last)	1	0		2. DATE OF DEAT	Н	3. TIME OF DEATN
		James V	Vallace	Camper		March		96 5130 AM
3.5		4. SOCIAL SECURITY NUMBER		In yrs. last birthday) IF UNDER t YE		7. DATE OF BIRTH	1 18	BIRTHPLACE (State or Foreign
		214-60-9540	1 💢 M 2 🗆 F	42 YRS. MONTHS DA	YS HOURS MIN.	July 3		Mary land
3 should		9s. FACILITY NAME (If not institution, give stre	et and number)	9b. CITY, TO	WN OR LOCATION OF D	1 2 -1 1 2	9c. COUNTY	
23	S S	3925- Elliott	's Island	Road V	enwa		DOK	chester
-	당	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I as a series and the series			1001	
Page	DIRECTOR	1 0		10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?
permit. Pages		Maryland Dok	ches tek	Viel	V NA			1 TYES 2 NO
	RA	3925- Elliot	110 Tolon	ed Road	2180	(Q	10g. CITIZEI	N OF WHAT COUNTRY?
020 physician. burial-transit	FUNERAL		12. WAS DECEDENT EVER IN		DECENDENT OF HISPA		. W W	4,5.
215-0020 attending physician ise as the burial-trai		1 Never Married 2 Married	FORCES? 1 YES	2 X NO If yes	, specify Cuban, Maxic	en, Puerto Rican, etc) 148 OF NO- 14	Black, White, etc.
215-0 attending	B	3 Widowed 4 Divorced	TES, ONCE WITH ON DA	10	YES 2 X NO Speci	ry:		Black
r atten use as	E	15. DECEDENT'S EDUCA (Specify only highest grade or	iTION ompleted)	16a. DECEDENT'S USUAL OCCUP (Give kind of work done during	ATION	16b, KIND OF	BUSINESS/INDUS	TRY
21 10 P	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)	Those or working	a.		
AND the hospital detached for once.	M	121		House Keepin	10 - Perso	N Sta	te In	istitution
det Be	COMPL	17. FATHER'S NAME (First, Middle, Last)	. 1		16. MOTHER'S N	AME (First, Middle, Me	iden Sumame)	
A Pe Pe	8	Jake	Hollis		100	lie 1	MARIN	e
MAR retained 5 should notified	5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Str				(7/2/)
ay be rapage 5	-		IMPER	213 Romes	DRRut	ledge-No	ewcas.	He Delaware
FOR E 6 may ector. pi		20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remov	rail from State 20b.	PLACE AND DATE OF DISPOSITION etery, crematory or other place)	4	- 1	LOCATION — City	or Toysh, State
- 0 5		4 Donation 5 Other (Specify)		2 ROSSRoads			LIENNO	Maryland
ALTIMOR death. Page 6 m funeral director. L. examiner must		21. SIGNATURE OF FORERAL SERVICE LICE	NSEE O		E AND ADDRESS OFFI		ome '	
9 - 0	- 8	Janelle	C. Henr		Washing		"ambri	doe. MD. 21613
TO 3 E 0		23. PART LEnter the diseases, or co shock, or heart fellure. Li	mplications that caused	the deeth. Do not enter the	mode of dying, Yuc	h ss cerdlec or r	espiratory srresi	t, / Approximata
filled in ton. or rel	1	IMMEDIATE CAUSE (Final		/				Interval Between Onset and Death
三 李 章 三		disease or condition resulting in death)	OUE TO (OR AS A	7 Makes D	ISENSC.			1 day
d within omplete I, crem event,			DUE TO (OR AS A	PHSEDUENCE OF				
68 ecute buria	2	Sequentially list conditions, b.						
OX 68 be executed in the control of	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEDUENCE OF):				
or Broade	윤	CAUSE (Disease or injury C.	DUF TO (OR AS A	CONSEDUENCE OF):				
Gerting Hygie	Ē	that initiated events resulting in deeth) LAST		00.002002.00				i
death death atter	핑	d.						
RDS, at the dea by the atl and Menta Y Injury,	A	PART II. Other significent conditions	contributing to death bu	ut not reculting in the underl	ying ceuse given in	Part I. 24s. WA	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS
	EDICAL	HISTON OF PULL	norny CH	v-cety			S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
= 57 + 3	ME							1 TYES 2 NO
> 0 +1		DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEATH YES NO	☐ UNCERTAI	N B		
ITAL I: The lav cate has State Dep Item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only		/_ <u></u>		
SICIAN: The certificate the State to temperate the state to the state to the state to the state	l Si		HOSPITAL: Inpetient 2 ER/Outpi	other:	Nome 55 Residence	6 Other (Specify)		
PHYSIC this cer with th	됩	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE N	OW INJURY OCCUR	IED
ON O DING PHYS After this death with	ВУ	1 Netural 5 Pending Investigation			YES 2 NO			
ENDIR OF SEL		3 Suicide 8 Could not be	26s. PLACE OF INJURY building, etc. (Speci	 At home, ferm, street, tectory, entry) 	office	28f. LOCATION (St. City or Town, S	eet and Number or i	Rural Route Number,
OLVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h hours after death with the State [Item 28 is marked, or Item	ETED	4 Nomicide determined						
	립			edge, death occurred at the time,				
HOSPITAL FUNERAL within 72	COMPL	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, in my opinio	n, death occured at the	time, date and place	, and due to the c	ause(a) and manner as stated.
E FU E FU M with		296. SIGNATURE AND TITLE OF CENSIFIER			29c. LICENSE NU	MBER	29d. DATE S	IGNEO (Month, Day, Year)
TO THE HOSPIT TO THE FUNERA De filed within ?) BE	11 / Lockly	effe		1)26.	388	13	12.96
	٤	30. MANTE AND INDOMESS OF PERSON WHO	COMPLETEO CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	100			-
		MICHAEL J. FA	ROOFN. M.D	· 310 COLLIA	15 AVE -	HURLOCI	1 MD.	21643
_		31. DATE FILED (AROT 14) 1996	32 APPLY TO THE SURPLY	NTH (ITEM 27) (Typo, Print) 310 Colling Starbarball				
	. 8		1//					



DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL

31. DATE FILED (Month,

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

notified Pe must examiner medical the traumatic event, 2 other 1 0 shows any 23 6 marked, After DIRECTOR: A hours after d 28 Item FUNERAL within 72 h TO THE HOSPITO TO THE FUNERA DE filed within 7

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN 2-25-96 2:25 AM M Marie Stella Collins E OF b. sinth, Day, h. 8, 6. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 8. BIRTNPLACE (State or Foreign 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 - F HOURS 119-32-4400 88 YRS. Feb. Malta 1908 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR Reeders Nursing Home Boonsboro Washington RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Thurmont t X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 107 Dogwood Avenue 21788 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION sectly only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Cosmetics Industry Seamstress 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BE Paul DeCesare Maria Anna Micallef 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carmelo Collins, son 107 Dogwood Ave. Thurmont, MD 21788 20e. METHOD OF OISPOSITION
1 □ Burlal 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cometery, crematory or other place)
Hagerstown Crematory 2/28/95 4 Donation 8 Other (Specify) Hagerstown, Maryland 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer funeral Homes, P.A. 104 East Main Street Thurmont, MD 21788 Muns 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** diseese or condition Lunwitnessed drdiac resulting in death) unknown DUE TO (OR AS A CONSEQUENCE OF) unknown CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO 24s. WAS AN AUTOPSY auris Symolyame COMPLETION OF CAUSE 1 | YES 2 OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DE UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:

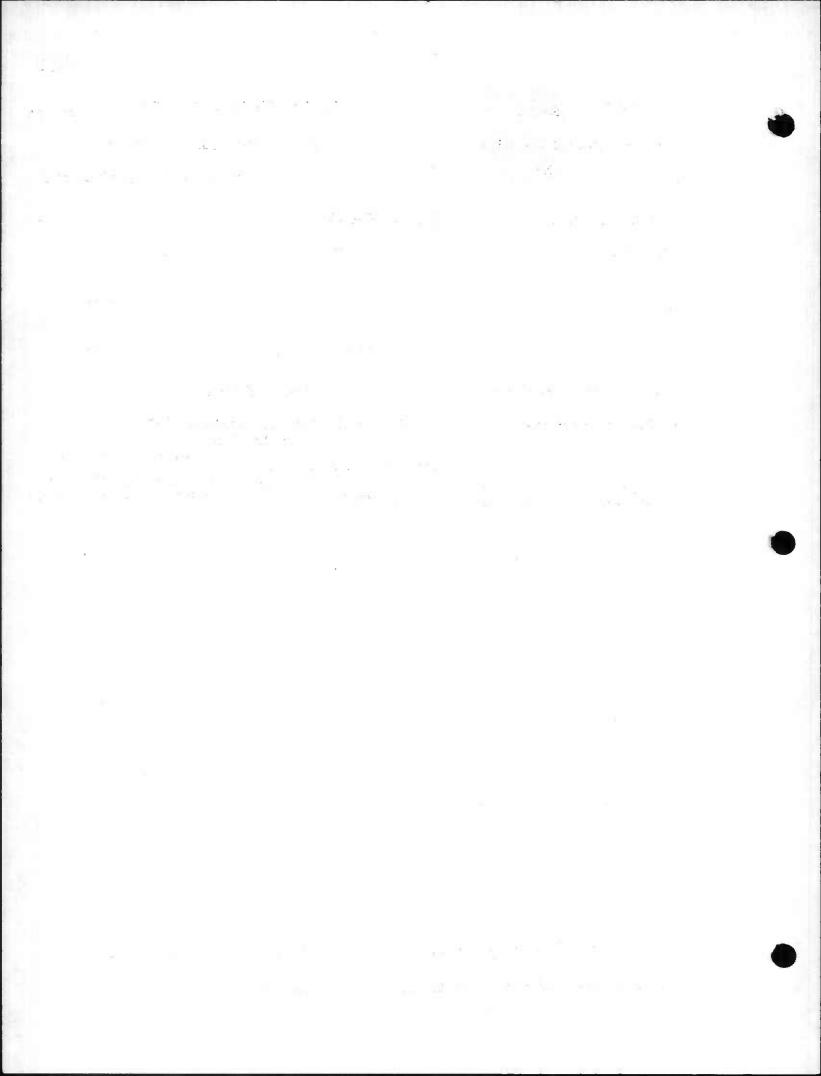
Nursing Name 5 - Residence 8 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide COMPLET 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 [MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIONED (Month, Day, Year) 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) tou ovelan

registran's signature

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 95 08329

						Cer	tificat	e of	Death	7		Reg. No) D		10329
	Discorte		1. Decedent'a Nema (First, Middle, La	ast)							2. Data of D	eeth		/oor	3. Time of Death
	Physic /Medi		Lewis D	avis				Cr	ooke,	Jr.	March	8, 1	996	/eer	18:50 pm
6	Exami		4a. Facility Name (If not Institution, gir						4b. City, T	own, or Lo	cation of Dea	ith 4c	. County of	Death	10.00 pi
			Calvert Memorial	Hospital					Princ	e Fre	ederic		Calv	ert.	
	Funeral		5. Sociel Security Number 6.	Sex 7. Age	a (In yrs. last b	irthdey)	If Unda		If Unda	r 24 Hrs. Min.	8. Data of B (Month, D				laca (Stata or Foreign
	Director		579-03-5589 Uauet Residence of Decedent	XXM 2□F	78	Yrs.	Months	Days	Hours	Min.	Dec 16				ngtonDC
	ylan		10a. Steta 10b. County		10c. City, To	wn or Lo	cation							1	0d. Insida City Limits
	Mar H	to	Maryland Calvert		Princ	e F	reder	ick							1 ☐ Yes 2 No
	r 28	Director	10e. Street and Number				10f. Zip				10g. Citizen of Whet Country?			itry?	
	h wit	- C	P.O. Box 2403					20	678			Unit	ed St	tate	S
	daa	Funeral	11. Marital Status	12. Wes Decedent I	Evar in U,S.	r in U,S. 13. Was Decedent of Hispanic Origin? (Specify Yes of If Yes, specify Cuban, Mexican, Puerto Rican, etc.					ecify Yes or N	or No- 14. Race - American Indien, c.) Bleck, White, etc.			
Maryland 21215-0020	d within 72 hours after death with the Maryland jiens. I then "neturel", or Items 23a or 28a-f show the Madical Exeminer must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 22 N If Yes, Give Yeer or Detes:	10		l □ Yas				ricall, etc.)		Specify:		ite
5-0	72 ho	ted	15. Decedent's E (Specify only highest gr	ducation	160	e. Deced	lent's Usu	el Occu	pation	at of work	ina	16b. K	and of Bust	ness/Inc	dustry
21	Man P	Completed	Eiemantery/Secondery (0-12)	College (1-4or 5	+)	life. L	OO NOT u	se retire	,		ing				
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pu		Be (17. Fathar's Nama (First, Middle, Last	")					18. Moth	ar's Name	a (First, Middl	e, Meider	Sumema))	
Vla	2 should be and Mental is marked or aumatic ever	To	Louis Davis Cro	oke, Sr.					Eva	Kend	dricks				
an	d 2 should th and Men 7 is marke traumatic		19e. Informant'a Neme/Reletionship	Type, Print)	19	b. Meilin	g Address	(Stree	end Numb	er or Run	al Route Num	ber, City	or Town, Si	tate, Zip	Code)
	D = -		Sandra J. Hutch	inson	F	2.0.	Box	312	Owin	gs, l	Marylar	nd 2	20735		
Baltimore,	permit. Pagas 1 an Department of Haal Important: if Item 2 any Injury or other once.		20e. Method of Disposition	70	20b. Place cemer	of Dispo	sition (Ner	ne of other ple	Marc	h 12	, 1996	20c. L	ocation - C	ity or To	wn, Stata
Ĕ	Page nant nr: H		Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of the Control		Washir							Suit	land,	, Ma	ryland
alti	mit. partm poorta / Inju		21. Signature Fyheral Service Lice	nsee	Masilli	22	. Name er	nd Addre	ess of Fecil	ityT.ee	Funera	al Ho	me.Tr	nc 6	633 014
m	Depa Impo any Ir		22. Name end Address of Fecility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735												
			23a, Part1. Enter the disease, or corr shock, or heart failure. List only	disations that gallsed	the deeth. Do					_			•	1	Approximete
ų.	Physician	4	shock, or heart tailue. List only	one cause at each lin	10.									i	Interval Between Onset and Deeth
2	/Medical		Immediate Cause (Final	n 040	e de ada	44				1.1.	. 10	. 0	4	- 1	2
в	Examiner		disaase or condition resulting in death)		Due to (or es e				NO Ma	-4	NUNOU	יא אינ	non	4	WKD
		ner			200 10 (01 63 6	Conseq	derice or,							1	
	carificata be axecuted tding physician and use as the buriel-transit	Examiner	Sequentially list conditions	b	Due to (or es e	conseq	uence of):				<u> </u>				
ó	axex an ar rial-tr		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying		(-1,000									1	
68760,	ta be ysicii	edical										-			
	S 0 0	Med	resulting in deeth) Lest		,		,							į	
XO	that tha death carlifice ed by tha attanding pl datached for usa as t	Z.		d											
m	death a attar	Physician/	Pert II. Other significant conditions of	contributing to death bu	it not resulting	in the ur	nderlying o	ausa oh	van In Part	1	23b. Did tobacco use contribute to the caus			the cause of death?	
o.	t tha d by tha tachec	hys					,	g.				Yes 2			pably 4 □ Unknown
<u>ر</u>		ву Р	Severe Emph	sema											
Records,	v requiras been sign should be	Pa										s en euto	pay	24b. We	ere eutopsy findings Bilable prior to
000	- 0 W	olet					-				per	formed?		COL	mpletion of cause deeth?
	0 5 0	Completed									10	Yes 2	□ No		Yes 2□No
Vital	dclan: The cartificata rector, pag		25. Was case referred to medical						OS Dias	a of Doot			140	- ' -	1162 5 140
>	Physician: this cartific ral director,	o Be	exeminer?	Hospitet:	nt 2 ER/O	h stanation	- a - D	Oti	nor:		h (Check only		a 🗆 Other	(On a all	
o	Phys rthis aral di	: To	27. Menner of Deeth	1 Chipatie	v 28b.	Time of)A	4014		ma 5 Ras 28d. Describe				"
on	Attanding in death.	tior	1 ✓ Netural 5 ☐ Pending	(Month, Dey	Year)	Injury	М	8c. Inju Wo	rk? Yes 2.□				,		
S	death. ctor: A y tha fu	Ca	3 ☐ Suicide 6 ☐ Could not b	e one Diese of Ini-	Int - At home f	erm etre			1139		28f Location	(Street as	nd Number	or Rura	I Route Number.
Division	or Attanding Phy aftar death. Director: After thi in by the funaral	Certification:	4 ☐ Homicide determined	building, etc	(Specify)	om, 300	301, 100(01)	y, Office				own, Stete		0111010	Triodio ranipor,
	To the Hospital or within 24 hours after To the Funeral Director complately filled in		29e. Certifier 1/19 Certifying Pt	yalcfan: To the best o	f my knowledo	e deeth	occurred	et the ti	me dete e	nd place	and due to the	a coureale) and man	nor as et	reted
	Fur Fur	edical	(Check only 2 Medical Examone)	nfnar: On the basis of end menner ste	examination at	nd/or Inv	astigation	, in my	pinlon, da	ath occurr	ed af the time	, dete an	d place, an	d due to	tha ceusa(s)
	within 2 To the compla	Me	29b. Signeture and title of certifier				290	c. Licens	se number			29d. Da	ite signed ((Month, I	Day, Year)
	F ≱ F ö		Ruscipa Cel	llutar Hys				11	170						
						-		24	117	7		- 3	3-8-	46	
			30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Dr. Priscilla Callahan-Lyon MD Prince Frederick, MD 20678												
		10	31. Date filed (Month, Dey, Year)	32. Registre	r's Signeture			rede	erick	, MD	20678				
	Sta Registr			396 Juli	divoles	Rem	fall								
Ш.,			IIIDII T A I	0											



DIVISION OF VITAL RECORDS, P.O. BOX 68760

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
'le	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove
i signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu
uires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		WOOD				March 3,	1996	10:25 P. M
	4. SOCIAL SECURITY NUMBER	The second secon	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	578-22-5257	1 🗆 M 2 💢 F	71 YRS.			June 24,		/irginia
œ	98. FACILITY NAME (If not institution, give st Doctor's Communi				R LOCATION OF DE	ATH	9c. COUNTY	
5	RESIDENCE OF DECEDENT	ty nospital		Lanhar	1		Princ	ce George's
DIRECTOR	10s. STATE 10b. COUNTY			, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Princ	e George's	Gre	enbelt				1 📉 YES 2 🗌 NO
RAI	22 Ridge Road				. ZIP CODE .0770			N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED			IIC ORIGIN? (Specify Ye	U.S. A	. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, sp	city Cuben, Mexica	n, Puerto Rican, atc.)	- W NO - 14	Black, White, etc.
ВУ	3 Widowed 4 Divorced	70.00						White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of v	USUAL OCCUPATION OF MINING MINING	ON st of working	186. KIND OF BU	ISINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Proofis	,		Woodwa	rd S. T.	thron
OM	17. FATHER'S NAME (First, Middle, Last)		1100115	L	18. MOTHER'S NA	ME (First, Middle, Maide		эспгор
BE C	Charles Lane					Agnes (U)
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tox	vn, State, Zip Co	ode)
٦	Ronald Caywood		5417	Powhatar	Road, R	liverdale,	Mary1a	and 20737
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 ☒ Cremetion 3 □ Remo	oval from State cerr	PLACE AND DATE of	ther place!				y or Town, State
	4 Donetion 8 Other (Specify)		etropoli		atory 03		exandr	ia, Virginia
ĺ	7/// +	L	1	Franc	is Gasch	s Sons F	uneral	Home, P.A.
	N Constar	ree /Ja	sen					ille, MD 20781
		complications that caused List only one cause on e	the death. Do r ech line.	ot enter tha mo	de ot dying, suci	h aa cardiac or reap	olratory arres	Interval Between
	IMMEDIATE CAUSE (Finsi disease or condition	Hond	Muth					Onset and Death
į	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF	F):				1111100
z		renoralize	CONSEQUENCE	Goslyling				Mary Vran
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F)! 0				100
2	CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE OF	D.				
	that initiated events resulting in death) LAST			<i>j</i> •				
	DARK II OAL I - III A III	g					-	
BE	PART II. Other significant condition	s contributing to deeth b	ut not resulting	in the underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC	CAB DAO MAIL VIE	, inditive				1 □ YES	2 NO	OMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTI	PIRLITE TO CAUSE O	DE DEATH YE	S D NO F	UNCERTAIL	M [7]		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	KIBOTE TO CAUSE O	28. PLACE OF DEA		OITCLKIAII	10		
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	e 5 🗆 Reeldence	6 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
ВУ	1 Netural 5 Pending 2 Accident Investigation	(,,,			YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, cify)	street, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	20° CERTIFIED							
MPL	(Check only CERTIFYING PHYSI	CIAN: To the best of my know						
8	-		n and/or investigation	n, In my opinion, i				cause(a) and manner as stated.
BE	296. SIGNATURE AND TITUE OF CERTIFIE	Mola	M		29c LICENSE NUI	MBER /	Saw Dale is	IN A MINISTER
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM \$7) (Type	(Print)	110	1	1 2 37	77/10
	SEM Annipula	Yliyl- 1	1-10-1	1110	Mrs / lun	0 701	84	
	MAR 0 8 1996	2. REGISTRAR'S SIGN	IATURE				1	-

manufactured that the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			Sta	te of Maryland / Depa	rtificate of Death		giene Reg. No. 96	08331
	Physici /Medi		1. Decedent's Neme (First, Middle, Last)	C	CoffEy	2. Deta of De Month	Dey Yaar 1996	3. Tima of Death 1:40 Pm
	Examir Funeral Director		4a. Facility Nama (If not Institution, giva street a Washington Adventis 5. Social Security Number 243-22-8682 6. Sax 1 M 21	t Hospital 7. Age (In yrs. last birthday)		na Park Here Brand Bir (Month, Dame) May 23	Montgome th y, Year) 9. Bir	th
	yland		Usuel Rasidance of Decedant 10a. Stata 10b. County	10c. City, Town or Lo	ocation			10d. Inside City Limits
	he Mer 28a-f sl	ector	MD Prince Georg	e's Riverdale				1∭ Yas 2□No
	23a or	al Dir	4705 Riverdale Road		10f. Zip Coda 20737		U.S.A.	ountry?
020	iges 1 and 2 should be filed within 72 hours efter death with the Meryland at of Health and Mental Hygiene. If Item 27 is marked other than "naturel", or Items 23a or 28a-f show or other treumstic event, the Medical Examiner must be inclined at	by Funeral Director	1 Navar Married 2 Navar Married 1 Inf Y	Yas 2X No	Wes Decedant of Hispanic Orig if Yes, specify Cuben, Maxican, 1□ Yas 2፟፟፟ No Specify:	In? (Specify Yes or No Puerto Rican, atc.)		
1215-0020	within 72 hor ene. than "nature	Completed		(Giva laga (1-4or 5+)	dant's Usuai Occupation kind of work dona during most DO NOT usa ratired)	of working	16b. Kind of Business	
nd 21	be filed with tal Hygiene. d other than event, the	Be Co	12 17. Fathar's Name (First, Middia, Last)	Machi		's Nama (First, Middle	Private In	ndustry
Maryland	should be nd Mental marked of	To	James Carl Coffey			Alma Hall		AUT - 1914
	and 2 sho saith end n 27 is me		19a. informant's Name/Ralationship (Type, Print Virginia V. Coffey		ng Addrass <i>(Street and Number</i> Riverdale Road			
Baltimore,	Pa Par		20e. Mathod of Disposition 1 ፟፟፟ Buriai 2 ☐ Cremation 3 ☐ Ramovai 4 ☐ Donation 5 ☐ Other (Specify)	from Stata	osition (Nama of matory or other place) coln Cemetery	Data 03/07/96	20c. Location - City or Brentwood,	
Balt	permit. Departra Importa any inju		21. Signature of Funeral Sarvice Lightsee	4 F	Name end Addrass of Facility Trancis Gasch's 739 Baltimore	Sons Fune	-	
F	Physician /Medicai		23a. Part1. Entar tha disaasa, or complications shock, or haart failure. List only ona caus Immediata Causa (Final	that causad the death. Do not enti-	ar tha moda of dying, such es o	cardiec or raspiretory a	rrast,	Approximate interval Between Onsat and Death
	Examiner	er	additing in outsing	D			2017/11/	DAYS
90,	icate be executed physician and s the burial-transit	i Examiner	Sequantially list conditions, if any, leading to imma diata cause. Enter Underlying Causa (Disaasa or injury	Dua to (or as e conseq		DISET		YEARS
Box 68760,	Q U. 60	n/Medical	that initiated avants resulting in death) Lest	Dua to (or as a consequ	uence of):			
0. B	0 0 %	Physician/M	Part II. Other algnificant conditions contributing	to death but not rasulting in tha u	ndarlying causa givan in Part I.	23b. Did	tobacco use contribute	a to the cause of death?
۵.	es tha igned be de	by	CORONARY A	enery Bypa	ss (EMERG	ent) 10	Yes 2□No 3□P	robably 4 Unknown
Records,	2 s S	Completed				24e. Was	an autopsy 24b. mmed?	Wera eutopsy findings eveilebla prior to complation of causa of daath?
	The ate	Be Cor	25. Was casa rafarrad to medical		26 Place	of Death (Check only of	Yas 2 No	1 Yes 2 No
of Vital	Physician: this certific ral director,	To B	axaminar? 1 ☐ Yas 2 ☐ No Hospitai:	1 Nnpatiant 2 ER/Outpatien	Other		dance 6 □Othar (Spe	ocify)
	and the	ation:	27. Mannar of Death 1 Natural 5 Panding 2 Accidant investigation	Data of Injury (Month, Day Year) 28b. Tima of Injury	28c. injury at Work? M 1 Yes 2 N		how Injury occurred	
Division	or At	Certification:	3 ☐ Suicida 6 ☐ Could not ba 4 ☐ Homicida 28a.	Placa of injury - At homa, farm, strabuilding, atc. (Spacify)	aat, factory, offica	28f. Location (. City or Tot	Street and Number or R wn, Stata)	ural Routa Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	(Check only 2 Medical Examinar: On	Fo tha best of my knowledga, daath tha basis of axamination and/or inv I mannar statad.	o occurred at tha tima, data and vastigation, in my opinion, daati	placa, and dua to tha n occurred at tha tima,	causa(s) and mannar a data and piace, and du	s stated. a to tha causa(s)
	To the within To the compl	Me	29b. Signature and title of cartifiar	4.0	29c. License number		29d. Deta signed (Mon	
	0		> / Monas Mee	MD	D36207		MARCH	4,1996
	(5)		30. Nama and addrass of person who completed DR. THOMAS MILITA	10 71 10	Print) 9RRO// AVE To	AKOMA PAK	K Md. 20:	712
	Sta Registr		31. Data filed (Month, Day, Year) MAR 0 6 1996	N C (6/0 C/				

Shart was to

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

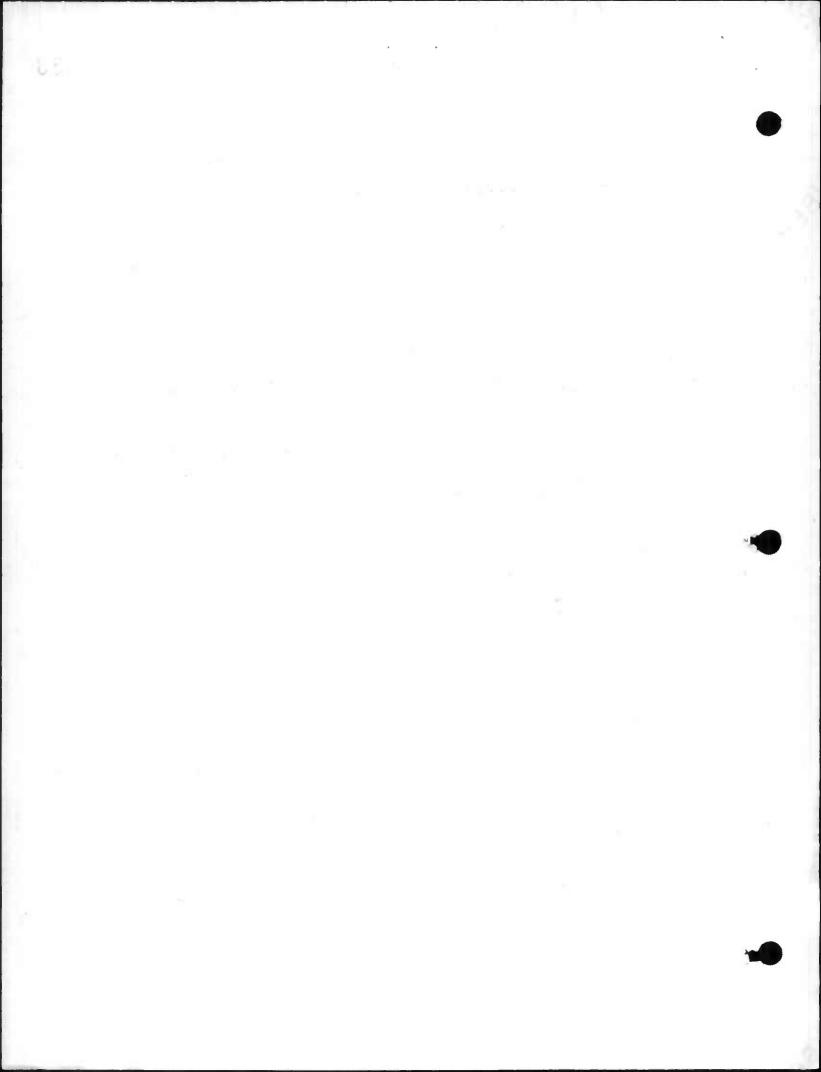
	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
•	CARRI	E MU	IRRAY C	COX						March 2	199	96	6:13 a m
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. last		IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
ı	254-28-100)4	1 🗆 M 2 💢 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day Year) Aug. 7, 1	920	Thon	ipson,Ga.
_	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I					NTY OF D	EATH	
DIRECTOR	R Southern M	Southern Maryland Hospital Center Clinton Prince Geo							Georges				
EC	10a. STATE	10b. COUNTY	1		10c. CITY	TOWN O	R LOCAT	TION					10d. INSIDE CITY
5	Maryland	Princ	e George	e's	Te	mp1e	Hi.	11s			LIMITS? 1 ∑ YES 2 □ NO		
3AL	10e. STREET AND NUMBER	1			10t. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	2105 Willow Tree Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN				20748 ER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN:								
2	1 Never Married 2	Married	FORCES?	IT EVER IN U.S. ARI I ☐ YES 2 [X]N MAR OR DATES			f yes, sp	ecify Cube	n, Mexica	n, Puerto Ricen, etc.)	or No-	Black	E — American Indian, k, White, atc.
B	3 Widowed 4 Divo	orced	IF YES, GIVE	MAR OR DATES	1 ☐ YES 2 ☐ NO Specify:					<i>r</i> :		Spec	™Black
	15. DEC (Specify only	EDENT'S EDU	CATION completed)	(GA	CEDENT'S L	ork done o	CUPATH Juring me	ON ast of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
ZET	Elementary/Secondary (0	+)	Do NOT use					Self E	mploy	ved			
COMPL	17. FATHER'S NAME (First, Middle, Last)				Seamstress 18 MOTHER'S NAME				Self Employed AE (First, Middle, Meiden Surneme)				
BEC	E1i	ijah		Muri	cay			1	Addie	2		Demo	ons
0	19a. INFORMANT'S NAME (7	Type/Print)								Route Number, City or Tow			
-	Tyrone	E. Cox	ζ						Lane	e, Temple	_		
	1 T Burlal 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE A cemetery, cree Linc	nd date o	rdispos Ceme	ter	y Y		3-9-96 227 Fu	Sin Sin Sin	npsoi	own, Stele n Rd., N. W (Atlanta, Ga.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	,						Stewar	rt Funeral Home		
		ンド	11	7	4001 Benning Rd., N.E.						(Wa	sh.,I	D.C. 20019)
	23. PART i. Enter the di shock, or h	eart failure	commicetions the	at caused the decuse on each line.	eth. Do n	ot enter	the mo	de of dy	ing, suc	h se cerdiec or resp	ratory sr	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nal	ina	O la	6	1	2	Pa	1			4	Onaet and Psath
	resulting in death)	7	a. DUE TO	OR AS A CONSEC	ONSEQUENCE OF):					ve	70	400	
N	Sequentially list condit	ions (b.	Iren	mic Gardnits								
CERTIFICATION	if any, leading to Imme	diate	ODE TO	TOWAS A CONSEC	UENCE OF	1		1		arline	1		24~
임	CAUSE (Disesse or Inju		e Otte w	A AS A CONSEC	UENCE OF):	V	æ	V	- Corec			-
ERT	reaulting in desth) LAS	T L	e]:	types	Lei	2	m						
- 1	PART II. Other aignifics	ant condition	a contributing to	death but not re	eauiting in	n the un	derlyin	g cauae	given in			24b	. WERE AUTOPSY FINDINGS
ICAL										PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI													1 YES 2 NO
	DID TOBACCO U		RIBUTE TO CA						ERTAI	N 🗆			
	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		E OF DEAT	OTHER	1:						
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH		28e. DATE O		28b. TIME	OF	28c. IN.	JURY AT	eldence	6 Other (Specify) 28d. DESCRIBE HOW	NJURY OC	CURED	
ВУР		Pending Investigation	(Month, I	Day, Year)	INJU	M		YES 2	□ NO				
	3 Suicide 6	Could not be		OF INJURY — At hor , atc. (Specify)	me, term, si	treet, tact	ory, offic	18		26t. LOCATION (Street City or Town, State)		or Rural	Route Number,
	200 CERTIFIER	determined			-					-			
3 Suices 6 Could not be determined building, atc. (Specify) 29e. CERTIFIES 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death one) 2 MEDICAL EXAMINER: On the bests of examination end/or inventors.													s) and manner as stated.
BEC	281 SIGNATURE AND TOTAL	E CENTIFIE	m	140	1	4	,	17.75	ENSE NUI	00000			3 (Morris, Day, Warr)
10 8	0	00	V 2	-NB	All	lur	dij	D	245	35	▶ M	larch	, 2, 1996
	Laxmi Berwa			d Branch			01	Clint	on M	ID 20735			
	31. DATE FILED (Month, Day,	Year)	22. REGISTR	AR'S SIGNATURE									
	MAR 04	1330	Jama are	volsandanda	45								DMMM-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

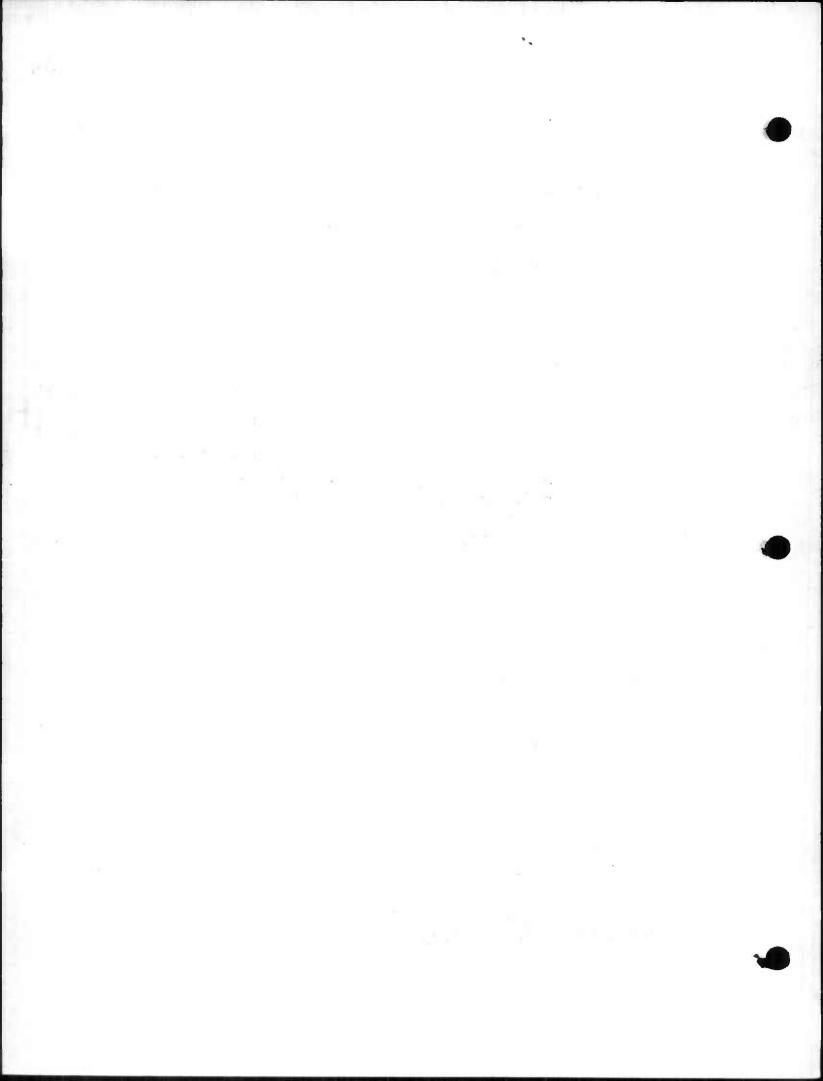
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

		1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATN
		RAYMON	D RUS	SELL CO	NDIFF						3 5	MY	96	8:02 P M
		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	_	UNDER 24		7. DATE OF BIRTN		B. BIRTN	PLACE (State or Foreign
29		212-30-91		1 M 2 - F	61	YRS.	MONTHS DA	rs Ho	DURAL I	MIN.	9/11/34		Countr	" MD
should	-	9e. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					TY OF D	EATH	
. 2, 3	DIRECTOR	Atlantic		Hospit	al		Ber	lin				Wo	Worcester	
Pages 1,	JEC	10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY
2	8	MD	Wor	cester			Berlin	1						LIMITS? 1 YES 2 NO
per	₹AL	10e. STREET AND NUMBER		_				10f. ZIP	CODE			10g. CITIZEN OF WHAT COUNTRY?		
physician. burial-transit permit.	FUNERAL	10310 Ca	thell R						181			US	SA	
physician. burial-tran		11. MARITAL STATUS 1 Never Married 2 X	Married		YES 2X	MED	If yes	, specify	Cuben, I		ORIGIN? (Specify Ya Puerto Rican, etc.)	e or No— 14. RACE — American Indian, Black, White, atc.		
	B	3 Widowed 4 Dive	beard	IF YES, GIVE W	AR OR DATES		1 YES 2 NO Specify:						Specif	white
attending ise as the	윤	15. DEC (Specify on	EDENT'S EDUC	ATION completed)	16e. DE	CEDENT'S U	SUAL OCCUP	ATION	working		16b. KIND OF BU	SINESS/INDU	STRY	
tal or after lor use	LET	Elementary/Secondary (I		College (1-4 or 5 +	·)	. Do NOT use	use retired.)							
the hospital detached fo once.	COMPL	17. FATHER'S NAME (First, M				ruck	Drive	-			Truck			
be de		Russell F		Condiff				18.			E (First, Middle, Malden			
	H	19a. INFORMANT'S NAME (Jonann	19	b. MAILING A	ADDRESS (Str	et end N			Ann Fah		`adel	
y be retained sage 5 should be notified	OT	Margaret H. Condiff 10310 Cathell RD Berlin, MD 21811												
rector, par must b		20e. METHOD OF DISPOSIT 1	on 3 🗆 Remo	val from State	206. PLACE / Cemejery, cre	AND DATE OF metory or other Hen	olsposition or place) lopen	Cre	, emat	orv	3/6/96	Erank	for	wn, State
the funeral director, page way be the funeral director, page wal,		1 Burlel 2 XCremation 3 Removal from State 4 Donation 6 Other (Specify) Cape Henlopen Crematory 3/6/96 Frankford Durbage Funeral 22. NAME AND ADDRESS OF FACILITY Burbage Funeral												
		11/3	Uh /	meace	_		10	8 W	illia	ms :	St. Berlin	n MD	anei 2	1811
0 3 % B		23. PART i. Enter the dishock, or h	seasea, or co	omplications that	coused the de	ath. Do no	t enter the	mode o	of dying	, such	aa cardiec or reep	iratory arre	st,	Approximats
tely filled I nation, or I, the me		Interval Between Onset and Death Onset and Death Onset and Death Out TO (OR AS A CONSCOURTEE OF):												
and con burial, burial,	NOIL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING												
certification of the state of t	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
y the atternd Mental	_	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
200	EDICAL					counting in	the divers	ying ca	use givi	DIT 111 1-1	PERFOR	RMED?	240.	AWAILABLE PRIOR TO COMPLETION OF CAUSE
sign Hea	AED								_		1 TYES 2	NO NO		OF DEATH?
St o ee re	- 1	DID TOBACCO U	SE CONTR	IBUTE TO CA	USE OF DEA	TH YES	ON KI		JNCER	RTAIN				1 YES 2 NO
N: The R Frate has State De Item 2	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL: .	26. PLAC		(Check only o	ne)						
ortifica fre Str or it	YSI	1 TYES 2 NO		1 Inpetient 2	1		OTHER: I 🗆 Nursing I	Nome 5	☐ Resid	enca 6	Other (Specify)			
The wife	ву Рну		Pending Investigation	28a. DATE OF (Month, Da		28b. TIME INJUI	RY	WORK?	AT 2 N		esd. DESCRIBE HOW I	NJURY OCCU	RED	
OR ATTENDING IN DIRECTOR: After Income after death item 28 is man	8	3 Suicide 8	Could not be determined	28a. PLACE Of building, I	FINJURY — At home, (Specify)	me, ferm, atr	eet, factory, c	iffica		2	18f. LOCATION (Street of City or Town, State)	end Number o	Rural R	oute Number,
4 7 2 F	APLET										the cause(e) end mai			
FUNERAL WITHIN 72 H	COMPL	2 MEDI		On the besis of ex	emination and/or i	nvestigation,	in my opinio	n, death	occured	at the tir	ne, date and place, ar	d due to the	cause(s)	and manner as stated.
TO THE HOSPIT TO THE FUNER DE filed within 7 IMPORTANT:	TO BE	296. SIGNATURE AND TITLE	Gal	4.m.	d.			290	LICENS	E NUMB	FR 98	29d. DATE:	SIGNED	(Month, Day, Year) — 96
	8	DR. LILAH	C 60N	20162	314 7	FRAN	rint) KUN	AU	F:	SUI	TE 104	BER	111	1.402181
		MAR 07 1996 Julia Dandler Robell												
						_				_			_	



w. T. 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	cremation, or removal.	ent, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w. v. 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

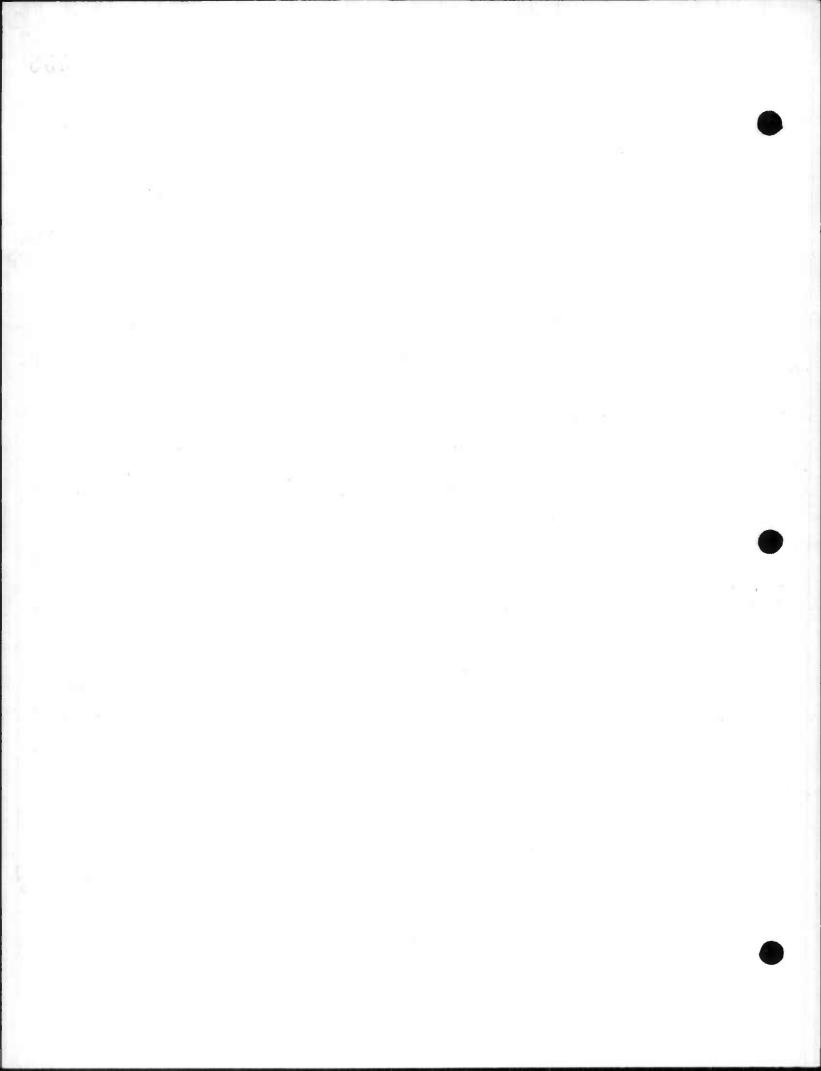
	1 - FOR STATE OF MA	ARYLAND / DEPARTI CERTIFIC	MENT OF HEALI		AL HYGIENE REG. NO.	30	00004			
	1. DECEDENT'S NAME (First, Middle, Last)		0	2. DAT	E OF DEATH		3. TIME OF DEATH			
	MARION H. COX		Cox	MON	arch 9	1991/2	12:500M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UN	IDER 24 HRS. 7. DAT	E OF BIRTH	B. BIRTH	IPLACE (State or Foreign			
	215-16-3211 1x × 2 - F	86 YRS.	ONTHS DAYS HOUR	8/	9/1909	Countr	Md.			
œ	9a. FACILITY NAME (if not institution, give street and number)		b. CITY, TOWN OR LOC			COUNTY OF D				
5	PENINSULA REGIONAL MEDICA	L CENTER	SALISE	BURY		WICOM:	ICO			
DIRECTOR	Md. 10b. COUNTY WICOMICO	10c, CITY,	Tyaskin				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
AL	10e. STREET AND NUMBER		10f. ZIP C	CODE	10g.	CITIZEN OF Y	WHAT COUNTRY?			
ER	22261 Nanticoke Ro	ad	2	21865		U.S.	Α.			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 TO	If yes, specify C	uban, Mexican, Puarto	IN? (Specify Yes or No Rican, atc.)	Black	E — American Indian, k, White, atc.			
) BY	3 Wildowed 4 Divorced	IN ON DATES	1 [] YES 2 []	NO Specify:		Speci	White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during most of w	orking	b. KIND OF BUSINESS	INDUSTRY				
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)				Acricula					
OME	17. FATHER'S NAME (First, Middle, Last)	Farmer		77 100	Agricult					
	John F. Cox		10. 10		ae Haywa	,				
86	19a. INFORMANT'S NAME (Type/Print)	19h MAILING A	DDRESS (Street and Nun		7					
2	Ruth E. Cox		1 Nantic				21865			
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	DISPOSITION (Name of	DA	TE 20c, LOCATION					
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Cother (Specify)	Bivalve	Cemetery	3/1	2 Bivaly	ze, M	d.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOO									
	Messick Funeral Home, P.O. Bivalve, Md. 21814									
	23. PART I. Enter the diseases, or complication that abook, or heart fellure. List only one ceue IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (caused the death. Do not be on each line. TROVE OR AS A CONSEQUENCE OF:		dying, such as ca	rdiac or reapiratory	arreat,	Approximate interval Between Onset and Death			
CERTIFICATION	rany, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to a	death but not reculting in	the underlying cause	ae given in Part I.	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME	DID TORACCO LICE CONTRIBUTE TO CAL	ICE OF DEATH VEC		AICEDTAIN [1 TES 2 NO			
AN	DID TOBACCO USE CONTRIBUTE TO CAU	28. PLACE OF DEATH		NCERTAIN						
SICI	EXAMINER? HOSPITAL:		OTHER:	Beeldenee & C Ou	h lh 10160					
НХ	27. MANNER OF DEATH 28s. DATE OF		OF 28c. INJURY A		ner (Specify) EŞCRIBE HOW INJURY	OCCURED				
	Natural 5 Pending (Month, Da	y, Year) INJUI	M 1 YES							
red BY	3 Suicide 28e. PLACE OF	INJURY — At home, farm, strate, (Specify)	eet, factory, office		OCATION (Street and Nur by or Town, State)	mber or Rurel i	Route Number,			
COMPLETED	29e. CERTIFIER Check cold. CERTIFYING PHYSICIAN: To the best of r	my knowledge death new	at the time date and n	less and due to the	oweele) and mass.	ninted.				
ME	(Check only one) 2 MEDICAL EXAMINER: On the basis of axi						s) and manner as stated.			
	29b, SIGNATURE AND WILE OF CERTIFIER			LICENSE NUMBER						
BE	1704	res	to to	DECOLLO		3/4	(Month, Day, Year)			
10	30. NAME AND ADDRESS OF FERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type, F		7 70 00		76				
	CRAZG J SCHOOL	Fed und								
	31. DATE WIFE MONIE DOY, MAY 1996 ALLA DAVIS	TO NOW ALL					-			
	II WILL DOO SHOW WIND	400 MANUALL								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			OLITIII	TOATE	F DEATH	REG. N	U.			
1	1. DECEDENT'S NAME (First, Middle, Last,		OLBOU	10.11		2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)		_	03-1	3-	96	Zi05	
	217-09-3267	100	7 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	1000	Country;	PLACE (State or Foreig	
	Sa. FACILITY NAME (If not institution, give) / Ins.			JAN. 17,	_			
œ					N OR LOCATION OF DE	ATN	9c. COU	INTY OF DE	ATH	
5	CALVERT MANOR HE	ALTH CARE CEN	TER	RISIN	G SUN		CEC	CIL		
E C	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LO	CATION			$\overline{}$	10d. INSIDE CITY	
DIRECTOR	DE NEW	CASTLE	N1	EWARK				- 1	LIMITS?	
AL	10s. STREET AND NUMBER			T	101. ZIP CODE		10g. CIT		HAT COUNTRY?	
ER	1 MILLBROOK ROAD)			19713			JSA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS I	DECENDENT OF HISPAN	NC ORIGIN? (Specify			- American Indian,	
	1 Never Married 2 Merried	IF YES, GIVE WAR OR DA			specify Cuben, Mexica (ES 2 NO Specify			Black, Specify	White, etc.	
ВУ	3 🗗 Widowed 4 🗌 Divorced							Godeny	WHITE	
띹	15, DECEDENT'S EDI (Specify only highest gred	UCATION de completed)	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b, KIND OF E	USINESS/INC	DUSTRY		
H I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	Though a working					
MP	6		SALES			RETA	IL			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	on Sumame)			
BE	GROVER C. TUBMAN					INE COUL				
6	19a. INFORMANT'S NAME (Type/Print)	_			et end Number or Rural F		own, State, Zip	o Code)		
	MARGARET C. BOYL		1 MI	LLBROO	K ROAD, NE	EWARK, DE	1971	13		
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rer	moval from State	PLACE AND DATE	OF DISPOSITION	(Name of		OCATION —			
43	EAST NEW MARKET CEMETERY 3/16 EAST NEW MARKET,									
	21. SIGNATURE OF LINEAUL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME, P. O. BOX 207,									
	DAMNIA	XXIII	4		MAIN STREE					
	23. PART L'Enter the diseases, or	complications that coused List only one cause on ea	the death. Do r	not enter the	mode of dying, auch	as cardiac or res	piratory an	reat,	Approximate	
	IMMEDIATE CAUSE (Final	. List only one cause on el			2 1				Onset and I	
	disease or condition resulting in death)	. Decom	nens.	ated	Cissh	cense &	Calv	21	125 11	
	Tooland in double	ONE TO (OR AS A	CONSEQUENCE OF	P):	Colore	7			Ann	
z	Conversatelly that constate as	. HSC	ites	description					54754	
일	Sequentially list conditions, if any, leading to immediate									
2	CAUSE (Disease or Injury									
E	that Initiated events resulting in death) LAST									
CERTIFICATION		d								
	PART II. Other algnificant condition	na contributing to deeth be	ut not resulting i	In the underly	ring ceuse given in		IN AUTOPSY			
	PART II. Other algorificant condition	one contributing to deeth be	ut not resulting i	In the underly	ring couse given in	PERF	ORMED?	1 6	AMAILABLE PRIOR TO COMPLETION OF CAL	
EDICAL	PART II. Other algnificant condition	your di	ut not resulting i	in the underly	ring couse given in		ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
MEDICAL	Mypoll	yoordi	-gn			PERF	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUSE O	-gn	s 🗆 NO	☐ UNCERTAIN	PERF	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
SICIAN: MEDICAL	DID TOBAÇCO USE CONT	TRIBUTE TO CAUSE OF	F DEATH YE	S NO	UNCERTAIN	PERF	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAU	
SICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TRIBUTE TO CAUSE O	F DEATH YE 26. PLACE OF OEAT etion 3 DOA 29b. TIM	S NO IN (Check only of OTHER: 4 Mursing N E OF 28c.	UNCERTAIN Dome 5 □ Residence INJURY AT	PERF	2 NO-	1	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Metural 5 Pending	TRIBUTE TO CAUSE O	F DEATH YE 26. PLACE OF OEAT etion 3 DOA 29b. TIM	ES NO IN (Check only of OTHER: 4 Mursing N E OF 28c.	UNCERTAIN	PERFO	2 NO-	1	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
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ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Matural 5 Pending Investigation	TRIBUTE TO CAUSE O	F DEATH YE 26. PLACE OF OEAT attent 3 □ DOA 29b. TIMM INJ	ES NO IN (Check only o OTHER: 4 Li-Mursing N E OF URY M 1 [UNCERTAIN ne) lome 5	PERFO	DRMED? 2 NO- I INJURY Oct	CURED	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	
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ETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 1 Investigation 2 Accident Investigation 3 Suicide S Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PNYS	TRIBUTE TO CAUSE OF TRIBUTE TO CAUSE OF THE PROPERTY OF THE PROPERTY (Month, Dey, Year) 28e. PLACE OF INJURY building, stc. (Special Sician): To the best of my knowledge.	F DEATH YE 26. PLACE OF OEAT atlent 3 DOA 29b. TIMI INJ — At home, farm, a	S NO IN (Check only o OTHER: 4 Li-flursing N E Of URY M 1 [street, factory, o	UNCERTAIN ne) Tome 5 Residence INJURY AT WORK? YES 2 NO	PERFORM 1 VES 0 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stell to the cause(e) and m	2 NO- 2 NO- 7 INJURY OCC t and Number b)	CURED CURED r or Rural Root	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH! 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	TRIBUTE TO CAUSE O	F DEATH YE 26. PLACE OF OEAT atlent 3 DOA 29b. TIMI INJ — At home, farm, a	S NO IN (Check only o OTHER: 4 Li-flursing N E Of URY M 1 [street, factory, o	UNCERTAIN ne) Tome 5 Residence INJURY AT WORK? YES 2 NO	PERFORM 1 VES 0 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stell to the cause(e) and m	2 NO- 2 NO- 7 INJURY OCC t and Number b)	CURED CURED r or Rural Root	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH! 1 YES 2 NO	
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EDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Metural 5 Pending Investigation 1 Certifying Physical P	TRIBUTE TO CAUSE O	F DEATH YE 26. PLACE OF OEAT stient 3 DOA 28b. TiM iNJ — At home, farm, a edge, death occurre a and/or investigatio	ES NO IN (Check only of OTHER): A LA Aursing N E OF URY M 1 [Street, factory, of other of the time, down, in my opinior	UNCERTAIN ne) tome 5 Residence INJURY AT WORK? YES 2 NO Iffice ste end place, and due is, death occured at the	PERFORMANCE 1 YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stell to the cause(e) and milima, date end place,	2 NO- 2 NO- 2 NO- 2 INJURY OCC 4 end Number e) anner ee stat	CURED r or Rural Root ted.	1 YES 2 NO	
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BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Metural 5 Pending Investigation 1 Certifying Physical P	TRIBUTE TO CAUSE O	F DEATH YE 26. PLACE OF OEAT stient 3 DOA 28b. TiM iNJ — At home, farm, a edge, death occurre a and/or investigatio	ES NO IN (Check only of OTHER): 4 Li Aursing N E OF URY M 1 [street, fectory, of only in my opinion Print)	UNCERTAIN ne) tome 5 Residence INJURY AT WORK? YES 2 NO Iffice ste end place, and due n, death occured at the 29c. LICENSE NUM 29c. LICENSE NUM	PERFORMANCE 1 YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stell to the cause(e) and milima, date end place,	2 NO- 2 NO- 2 NO- 2 INJURY OCC 4 end Number e) anner ee stat	CURED r or Rural Root ted.	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO unter Number,	



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

130			Certificate of Death	Reg. No	. 96 08336
Physician /Medical	1. Decedent's Neme (First, Middla, L	ASI)	Camp, Sr.	2 Pate of Deeth Menth Da	3. Time of Deeth
Examiner	4a. Facility Neme (If not Institution, g	ive street end number)	4b. City, Town, o	or Location of Daath 40	. County of Deeth
	3040 Brightsea		Glena		rince George's
Funeral		Sax 7. Aga (In yrs. 1 M 2 □ F	Nonths Deys Hours Minds Months Deys Hours Minds	n. (Month, Day, Year,	
Director	579-36-5473 Usuel Residence of Decedent	65	113.	Feb. 5, 1	931 Washington, D.
72 hours after death with the Maryland natural, or items 23s or 28s-f show deal Examiner must be notified at each by Funeral Director	10e. Stata 10b. County	10c. C	ity, Town or Location		10d. insida City Limits
to de p	Maryland Prince	George's	Glenarden		1⊠Yes 2□No
or 2844 be notified	10e. Street and Number	060186 3	10f. Zip Coda	10g. Ci	tizen of Whet Country?
at, or items 23s or 28s-f show Examiner must be notified at by Funeral Director	3040 Brightseat	Road #202	20706		nited States
clost must	11. Maritel Stetus	12. Wes Decedant Evar in U			14. Race - Amaricen Indian,
문를 교	1 ☐ Navar Married 2 ☑ Married		19/30-	arto Rican, etc.)	Black, White, etc.
al', o	3 Widowed 4 Divorced	If Yes, Give Yaer or Detes: 3/2	4 / 52 1□ Yes 2⊠ No Spacify:		Specify: African American
ted ted	15. Decedent's I	Educetion	16a. Decedent's Usuel Occupation	16b. h	(Ind of Business/Industry
than "r	(Specify only highest g Elementery/Secondery (0-12)	College (1-4or 5+)	(Give kind of work done during most of w life. DO NOT use retired)	rorking	
the Me	12		Security Guard		Private
d other than "natura event, tre Medical Be Completed	17. Fether's Neme (First, Middle, Las	st)	18. Mother's N	eme (First, Middle, Melder	Sumeme)
is marked o	William Camp		Curry	Wilkens	
E THE	19e. informent's Neme/Relationship	(Type, Pnint)	19b. Mailing Address (Street end Number or	Rural Route Number, City	or Town, Stete, Zip Code)
12 T	Wanda Jones - D		3040 Brightseat Road	, #202, Glen	arden, MD 20706
r otha	20a. Method of Disposition 1X Burial 2 ☐ Cremetion 3		Plece of Disposition (Neme of cemetery, cremetory or other piece)	Date 20c. L	ocation - City or Town, State
int: if its	4 Donetion 5 Other (Spec		ryland Veterans Ceme.	3/8/96 Che	ltenham, MD
Department of Important: If It any Injury or once.	21. Signatura of Funeral Service Lice		22. Nama and Address of Fecility		
6 3 3 6.	Malan 7 8	Townst TI	STEWART FUNERAL 1 4001 Benning Road		hington D C
	23 art1. Enter the diseese, or con	nplicetions thet caused the dea	th. Do not enter tha moda of dying, such as card	iec or respiretory errast,	Approximate Intervei Batwaen
g physician and as the burial-transit as the burial-transit as the dical Examiner	Immediate Cause (Finel disease or condition resulting in death)	,	Two corebro - corder of or es e consequence of):	Isabel d	eseese
physiolan and s the buriet-transit edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C	or es e consequence of):		
usa as	resulting in death) Lest	d			
igned by the attendir be detached for usa by Physician/N	Pert II. Other significant conditions	contributing to death but not res	sulting in the underlying ceusa given in Pert i.	23b. Did tobacco	uee contribute to the cause of death
by the tached		•			No 3 Probably 4 Unknow
d be del				-	,
should should				24a. Was en euto performed?	ppsy 24b. Were eutopsy findings availabla prior to completion of cause of death?
ta has paga 2				1 ☐ Yes 2	No 1 Yes 2 No
rector, pag	25. Wes case referred to medical		26 Place of D	eeth (Check only one)	-
nis cer Il direc	exemine:? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatient 2 ☐	Other	Home 5 ☐ Hesidence	6 ∏Other (Specify)
heath. The fundate his certificate he the fundated incorporate fundated heater, page that fundated incorporate fundated in th	27. Manner Pleath 1 (#Natural 5 Pending investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of injury 28c. Injury at Work? M 28c. Injury at Work? 1 \(\triangle \tria	28d. Describe how inju	
irect n by	3 Suicide 6 Could not determined	28e. Place of Injury - At h building, etc. (Special	ome, ferm, street, fectory, office fy)	28f. Location (Street e. City or Town, State	nd Number or Rurei Route Number, e)
within 24 hours after to the Funeral Dir completely filled in Medical Cert	29a. Certifier 1 Certifying P (Check only one) 1 Medicai Exa	hyeician: To the best of my known miner: On the basis of examine end menner stated.	owledge, daath occurred et the time, dete end pla atton end/or investigation, in my opinion, deeth oc	ce, and dua to tha ceuse(s curred et the time, date an	e) end menner es steted. d place, and due to the ceuse(s)
To the	29b. Signatura and title of certifiar	1.0	20c Licansa number	290.Da	ata signed (Month, Day, Year)
7.0	Obergusta Y	Harifux 1	W H212 30	106	meny 36, 199 6

State Registrar

DHMH 16 Rev 6/95

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	ERTIFICATE	0	F DEAT	H		REG. NO.

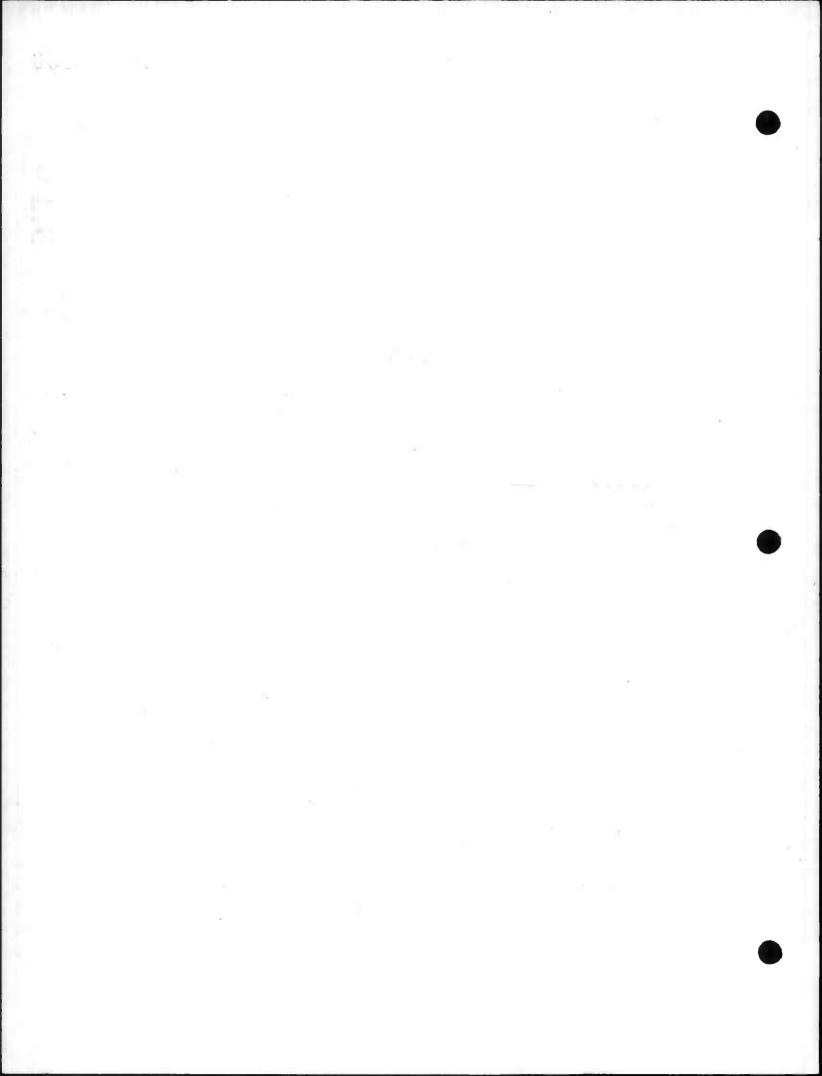
1	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAI CERTIF	RTMENT OF		MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Lest) ETHEL MARIE		CROUTHER	_		2. DATE OF DEATH DATE OF PED. 29	1996	3. TIME OF OEATH 2:58 P M
	4. SOCIAL SECURITY NUMBER 180-12-1047 De. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	83 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) AUG. 18,19		BIRTHPLACE (State or Foreign Country) MD •
201	Salisbury Nursing	& Rehab.		Salisk	oury, Md.		WICON	MICO
DIMECTO	MD • WICOM			TY, TOWN OR LOC SALISBUI				10d, INSIDE CITY LIMITS? 1 YES 2 X NO
RAL	200 CIVIC AVENUE	,			21801			S.A.
ī.	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12 WAS DECEDENT	YES 2 X NO	If yee,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:		. RACE — American Indian, Black, White, stc. Specify: WHITE
COMPLETED	15, OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)				166. KIND OF BU	ING STO	
	17. FATHER'S NAME (First, Middle, Lest) LLOYD HAMM	IOND			18. MOTHER'S N. HESTE	AME (First, Middle, Maiden R PARKER	Surname)	
	JANET CORE 20a. METHOD OF DISPOSITION 1 Selection 3 Gram 4 Donation 8 Other (Specify) 21. SIGNATURE OF MERAL SERVICE LIE			2 WALNUT EOF DISPOSITION other place) CEMETER 22. NAME	TREE ROA	3/4 SAI	IRY MD. CATION — CH	21801 y or Town, Stata 7,MD.
CERTIFICATION	23 PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to (c	on each line. WESTERS, OR AS A CONSEQUENCE WO SO	Pos OF): ATVOR		Mannon		t, Approximate Interval Bstween Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition SIP Augu D) Partet DID TOBACCO USE CONT	e die	Elst Ce	4		PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DE	OTHER:		8 Other (Specify)		
ED BY PHY	27. MANNER OF DEATH 1 Naturel 5 Pending investigation 3 Suicide 8 Could not be 4 Homicide H	28a. DATE OF I (Month, Da) 28a. PLACE OF building, a		M 1 [INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	and Number or	
COMPLETE	29e. CERTIFIER CERTIFYING PHYS		ny knowledge, death occu					, cause(s) and manner as stated.
E E	29b. SIGNATURE AND TITLE OF CERTIFIC	C A	ATKMD	ano	29c, LICENSE NO D=3981.3		29d. DATE S	BIGNED (Morth, Day, Year)
OL	MICHAEL ATKINS. 31. DATE FILED (Month, Day, Year) MAR 04.1996	M.D., 1104	HEALTHWAY I'S SIGNATUSE WELSON HANDELL					

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DIVISION OF VITAL RECORDS P.O.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

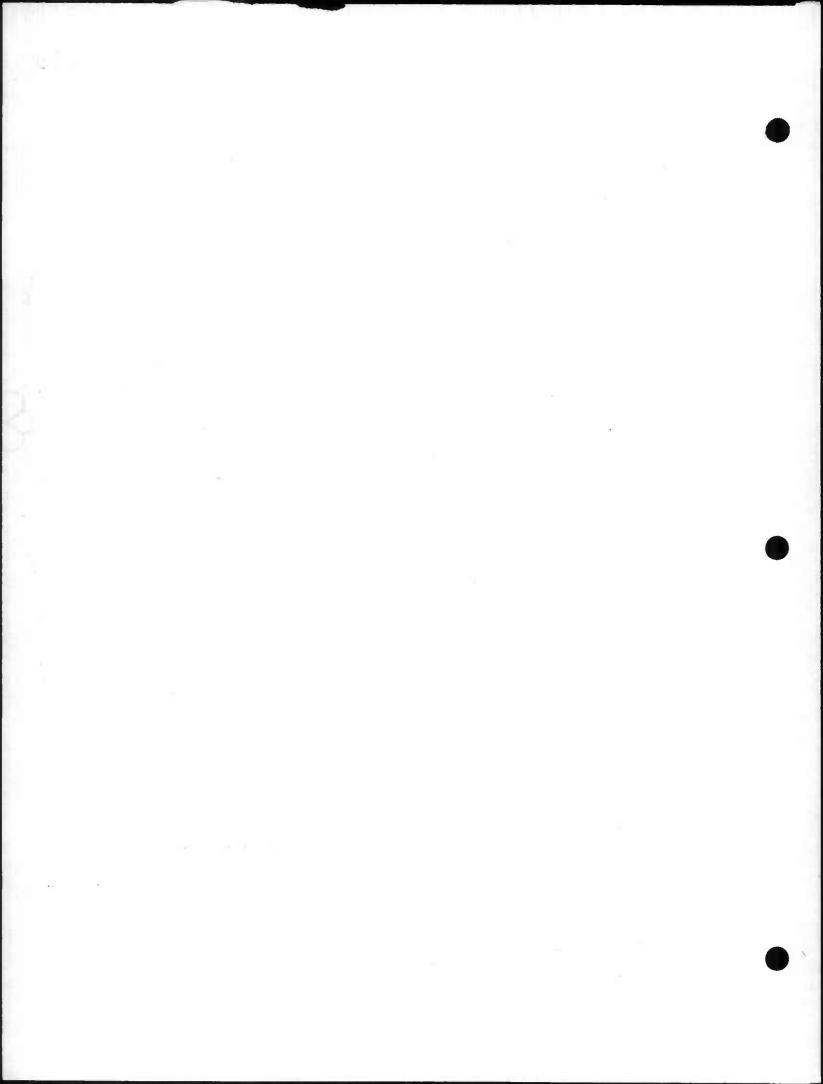
	REGISTRAN	CENTI	ICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	COLLII	V 3	2. DATE OF DEATH MONTH DAY FLB 21	1996 810 P
	4. SOCIAL SECURITY NUMBER 5. SEX t \(\times M 2 \) F	6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
-	8a. FACILITY NAME (If not institution, give street end number)	law -	96. CITY, TOWN OR LOCATION OF	DEATH S	c. COUNTY OF OEATH
CTO	RESIDENCE OF DECEDENT	touse	Drow Hill		Worcester
DIRECTOR	Ma Somerset	100-101	ry, town or location		10d. INSIDE CITY LIMITS? t YES 2 NO
RAL	100 STREET AND NUMBER		101. ZIP CODE 21929	10	09. CITIZEN OF WHAT COUNTRY?
FUNERAL		ENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex	PANIC ORIGIN? (Specify Yee or Ican, Puerto Rican, etc.)	
BY		WAR OR DATES	1 TYES 2 NO Spe		AFRO. AMERK
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College /1-4 or	(Give kind of	S USUAL OCCUPATION work done during most of working ise retired.)	16b. KIND OF BUSINE	ESS/INDUSTRY
COMPL	17. FATHER'S NAME (First, Middle, Last)		STIC	Dome	STIC
BE CC	George Blake		Sally	NAME (First, Middle, Melden Suri	UN) Blake
5	199/INFORMANT'S NAME (Type/Print)	19b. MAILIN	ADDRESS (Street and Number or A)	al Route Nurgber, City or Town, S	terry Zip Code)
	20a METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal from State	206 PLACE AND DATE	OF DISPOSITION (Name of other pigog)	DATE/ 20c LOCAT	ION — City or Town, State
	4 Donation 6 Other (Specify)	- LOUS frings	22. NAME AND ADDRESS OF	FACILITY / 1): / Samson	-Flyharty Tun.
	MAGU		917 W. Is	rhella St	Salis, md
	23. PART I. Enter the diseases, or complications the shock, or haart fallure. List only one commendate the shock of the sh	nat caused the death. Do nuse on each line.	not antar the moda of dying, s	uch se cardiac or respirete	ory arrest, Approximate Intervsi Bette Onset and D
	disease or condition	VMNITIS			1 wh
N	Sequentially list conditions 6 b. CM	6 45 TIVE C	BROAM- FA	ILVRE	2-me.
CATION	if sny, lasding to immadiata cause. Enter UNDERLYING CAUSE (Disesse or injury	O (OR AS A CONSEQUENCE O	F):		
RTIF	that initiated events resulting in dasth) LAST	O (OR AS A CONSEQUENCE O	OF):		
IL CE	PART II. Other significant conditions contributing	o death but not resulting	in the undarlying cause given	In Part i. 24s. WAS AN AUT	
EDICAL		LTES METL		PERFORMEN	COMPLETION DE CAL
Σ	1+1PER TENSION	T GEKERSEN A	SCULAR ACCIDE	MS	1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA	26. PLACE OF DEATH (
PHYS	27. MANNER OF DEATH 28e. DATE O	OF INJURY 28b. TH	JURY WORK?	26d. DE\$CRIBE HOW INJU	RY OCCURED
D BY	2 Accident Investigation 3 Suicide 6 Could not be	OF INJURY — At home, ferm, g, atc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street and	Number or Rural Route Number,
LETEI	4 Homicide determined			City or Town, State)	
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basic of				
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	444	29c. LICENSE N	IUMBER 29	ed. DATE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27) (Type	p. Print)	042	1.60 21,1996
	31. DATE FILED (Month, Day, Year) 32. RIFGISTI	RAB'S SIGNATURE	AY SNOWA12L	WAKATHA	21843
	MAR 01 1996 Julia	Bauchen-Randoll			



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ith. Page 6 may be retained by the hospital or attending physician.	neral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	miner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and within 70 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	, or item 23 st

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH		3. TIME OF DEATH
	CHARLES EDW	IN CATHEY					1996 YEA	6:45 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	528-48-9085 Sa. FACILITY NAME (If not institution, give st	1 ☑ M 2 ☐ F 57	YRS.	NTHS DAYS	HOURS MIN.		1938 No	rth Carolina
E	8501 C Watersti		1.0		sville			erick
DIRECTOR	RESIDENCE OF DECEDENT							
E				OWN OR LOCATION	1254			10d. INSIDE CITY LIMITS?
	Maryland Fre	ederick	Wal	kersvil	TE CODE		100 CITIZEN	1 VES 2 YNO
FUNERAL		D - 1		101,				
N.	8501 C Watersti	12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS DECE	21793	IIC ORIGIN? (Specify Ye		d States
	1 Never Married 2 Married	FORCES? 1 TYES IF YES, GIVE WAR OR DA		It yes, spe-		n, Puarto Rican, etc.)	1 1	Black, White, etc.
ВУ	3 Widowed 4 X Divorced	7			XX			White
回	15. OECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S US	done during mos	N t of working	16b. KIND OF BU	SINESS/INDUSTR	TY .
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re			5	05 7	A
N N	17. FATHER'S NAME (First, Middle, Last)	5+	Suppor	t Manag		ME (First, Middle, Maiden	Of Ene	rgy
	Walter Kerr Cat	hev				ndina Moo		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an		Route Number, City or Tox		0)
2	Glen E. Cathey		803-H	Stratfo	rd Drive	Frederic	ck, MD	21701
	20a. METHOD OF DISPOSITION 1 Durial 2 To Cremation 3 Rame		PLACE AND DATE OF D	ISPOSITION (Nan		DATE 20c. LO		
	4 Donation 5 Other (Specify)		Hagerstown	n Crema	tory	2/29/96 Ha	agersto	wn, Maryland
	21. SUGNATURE ON FUNERAL SERVICE-NO	EHSEE /		22. NAME AN	D ADDRESS OF FA	Stauff	er Fune	ral Homes, P.A
	Hams A.	Savery	/	1621 0	possumto	wn Pike	Frederi	ck, MD 21702
	22 PART I. Enter the diseases, or o shock or heart fallure.	complications that cadsed List only one cause on as	the death. Do not	enter tha mod	la of dying, auc	h as cardiac or resp	Iratory arrest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final							Onset and Death
	disease or condition resulting in dasth)	8. 19 0	nitio		4,60	reation	7	1000
CERTIFICATION	Sequentially list conditions,		CONSEQUENCE OF:	11 "	Y 1V C	- do- C/ HO	ゆつ	1200
AT	If sny, lasding to immediata csuse. Enter UNDERLYING							
H	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
EH	resulting in death) LAST	d						
AL C	PART II. Other significent condition	s contributing to death be	ut not resulting in t	he underlying	csuse given in			24b. WERE AUTOPSY FINDINGS
SA						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AE								OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES	D NO	UNCERTAIL	N 🗆		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH					
YSI	1 TES 2 NO	1 Inpetient 2 ER/Outpe		THER: Nursing Home	5 Residence	8 Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOI	RK?	28d. DESCRIBE HOW	INJURY OCCURE	D
BY	2 Accident Investigation				ES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec		at, factory, offica		28t, LOCATION (Street City or Town, State		ural Houle Number,
E	29a, CERTIFIER					and the second second	200	
COMPL	Torrow orny	ICIAN: To the best of my knowl ER: On the beele of examination						use(s) and manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIES			1	29c. LICENSE NUI			NEO (Month, Day, Year)
BE	20	Zh			0146			6 29,1996
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	Int)				1,1176
	Dr. Gregory P	. Rausch 50	01 West 7	th Stre	et Fred	lerick, Ma	ryland	21701
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S CIGN.	ATURE					
	MAR 0 1 1996	Jalin David	ion Randally					



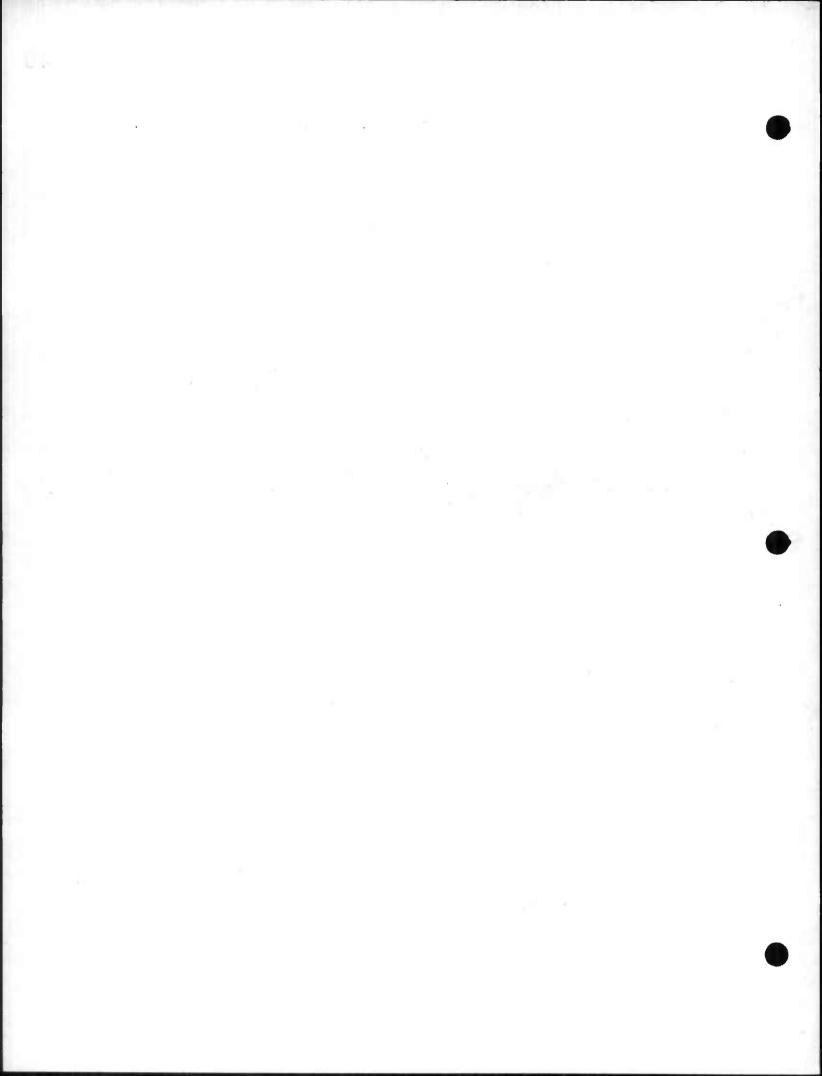
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	ENT'S NAME (First	t, Middle, Last)				IFICATE	. 0.			2. DATE	REG. NO.			3. TIME OF DEATH
		E EDWA	RD COV	ELL	SR.		MONTH			96	4:20			
4. SOCI/	L SECURITY NUME	BER	5. SEX	6. AGE (h	n yrs. last birtho			-	R 24 HRS.	7. DATE C			8. BIRTH Countr	PLACE (State or For
215	-32-0264	+	1 XM 2 - F		93 YR	S. MONTHS	DAYS	HOURS	MIN.		. 18,	1902		ryland
	LITY NAME (If not in	nstitution, give	atreet and number)			9b. CITY	TOWN	OR LOCATE	ION OF DE	HTA		9c. COUN	ITY OF D	EATH
	idian Nu		F	rede	erick	C			Fre	deri	ck			
10e. STA		10b. COUNT	ΓY		10c.	CITY, TOWN C	R LOCA	TION						tod, INSIDE CITY
Mar	yland	Fre	derick		F	rederi	ck							LIMITS?
10e. STR	EET AND NUMBER						10	1. ZIP COD	E			10g. CITI	ZEN OF Y	VHAT COUNTRY?
7 1	09 Docto	r Per						2084					U.S.	Α.
1 Ne	TAL STATUS	Married	12. WAS DECEDEN	YES	2 X NO		f yes, sp	ecify Cubi	en, Mexica	n, Puarto R	? (Specify Yes lican, etc.)	or No-		— American India: k, White, atc.
	sowed 4 Dive		IF YES, GIVE	MAR OR DA	TES		YES	2 💢 NO	Specify	y:			Speci	White
		CEDENT'S EDI				T'S USUAL O				16b.	KIND OF BUS	SINESS/IND	USTRY	
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17, FATH	6				P	ainter					None			
17. FATH	ER'S NAME (First, M		1.1								fiddle, Malden			
0	se Clare		ovell		100 1101	100 100000				_	Cromwe			
0	·					LING ADDRESS								4.0
	Ruby C. Barry 9009 Doctor Perry Road, Dickerson MD 20842 20a. METHOD OF DISPOSITION DATE OF DISPOSITION / PATE 20c. LOCATION — City or Town, State													
	tal 2 Cremation 5 Chematic		noval from State	ceme	etery, crematory	or other plece) n Memo			rdans	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			aryland
21. SIGN	ATURE OF FUNER	AL SEMVICE L	CDIES			22.	NAME A	ND ADDRE	ESS OF FA	CILITY				
22.88	ROBERT E. DAILEY & SON FUNERAL HOMES, P 1201 NORTH MARKET ST. FREDERICK, MD 217									MD 2170				
	23. PART I. Effer the diseases, or committations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Be interval Be.													
disees	ATE CAUSE (File or condition_	nat	P	0000	mm	1 64								Onset and
resulti	ng in death)		W1		CONSEQUENC							-		-
	Conventially list anaditions b.													
if any,	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):													
CAUSE	Cause. Enter UNDERLYING CAUSE (Disease or Injury that leitherd energy Due TO (OR AS A CONSEQUENCE OF):													
	tiated eventa ng In death) LAS	ВТ .	DOE TO	, (ON AS A	CONSECUENC	LE OFJ:								
ġ	d													
	7		ons contributing to			ing in the ur	derlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FIN
⋠ ∥ —	1 ark	insor	10 WI	Leus	_	1	h.			_	1 TES 2	ON		OF DEATH?
MEDICA						des	-1	J				1		1 - YES 2 - N
5 II —			TRIBUTE TO CA			YES L		JUNG	CERTAII	ИП				
EXA	CASE REFERRED T MINER? YES 2 NO	TO MEDICAL	HOSPITAL:			ОТНЫ	1 :							
27. MAN	VER OF DEATH		1 Inpetient 2			TIME OF	_	JURY AT	lesidenca	8 Other	CRIBE HOW I	NJURY OC	CURED	
147		Pending		Day, Year)		INJURY M	W	YES 2	□ NO					
	Accident Suicide 8	Investigation Could not be	28e. PLACE	OF INJURY	— At home, fe	irm, street, fac	ory, offic	ce		28f. LOC	ATION (Street	and Number	or Rural I	Route Number,
2		datermined	ounging	, atc. (Spec	ту)					City	or Town, State)			
3 4 8	4 Homicide datarminad												and .	
3 4 4 1	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
3 4 0	ock only													a) and manner as st
3	ock only	DICAL EXAMIN	IER: On the beals of					death occu		time, data		d due to th	e cause(
3	2 MEC	DICAL EXAMIN	IER: On the beals of					death occu	ared at the	time, data		d due to th	e cause(a) and manner as st

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) MAR

06 1996



DIRECTOR

FUNERAL

BY

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COMPL

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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MAR 0 8 1996

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	se as the bu	
hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the flue within 72 hours after death with the State harm of Heartal Hymene prior to having cremation, or removal.	9
ed by the	ould be det	ed at on
ay be retain	page 5 sho	be notif
Page 6 m	al director,	ner must
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NG PHYSICI	her this cer	marked,
R ATTENDI	RECTOR: At	m 28 ls
OSPITAL DI	UNERAL DII	INT: If Ite
TO THE H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the second with the State pert of Health and Mental Hunlere entire to hunlal cremation or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

08341 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR March 5, 1996 9:30 PM Margaret Evelyn COOK 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH

(Month, Day, Year)

Feb. 17, 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Maryland 1924 215-14-2857 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH Frederick Frederick Meridian Nursing Center RESIDENCE OF DECEDENT toc. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Frederick Frederick 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? 21701 U.S.A. 5600 Steuer Place 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married Specifichite 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18b. KINO OF BUSINESS/INOUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) YTNGER RAY Lewis Fannie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7924 Wormans Mill Road, Frederick, Md. 21701 Mr. David Clarence Cook, Son 20a METHOD OF DISPOSITION

| Mariel 2 | Cremation 3 | Removal from State
4 | Donetion 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE Mount Olivet Cemetery, March 8, 1996 Frederick, Maryland 22. NAME AND ADDRESS OF FACILITY
Keeney and Basford P.A. Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE and E M00255 106 East Church St., Frederick, Md. 21701 23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List pnly one cause on each line. Interval Between **Onast and Death IMMEDIATE CAUSE (Final** Stomac disease or condition Metastatic Months resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF): Sepesis Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE t YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN D 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 | Residence 8 | Other (Specify) □ Inpetient 2 □ ER/Outpetient 3 □ DOA 27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK?
1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29s. CERTIFIER
(Check only one)

29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year)

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MI

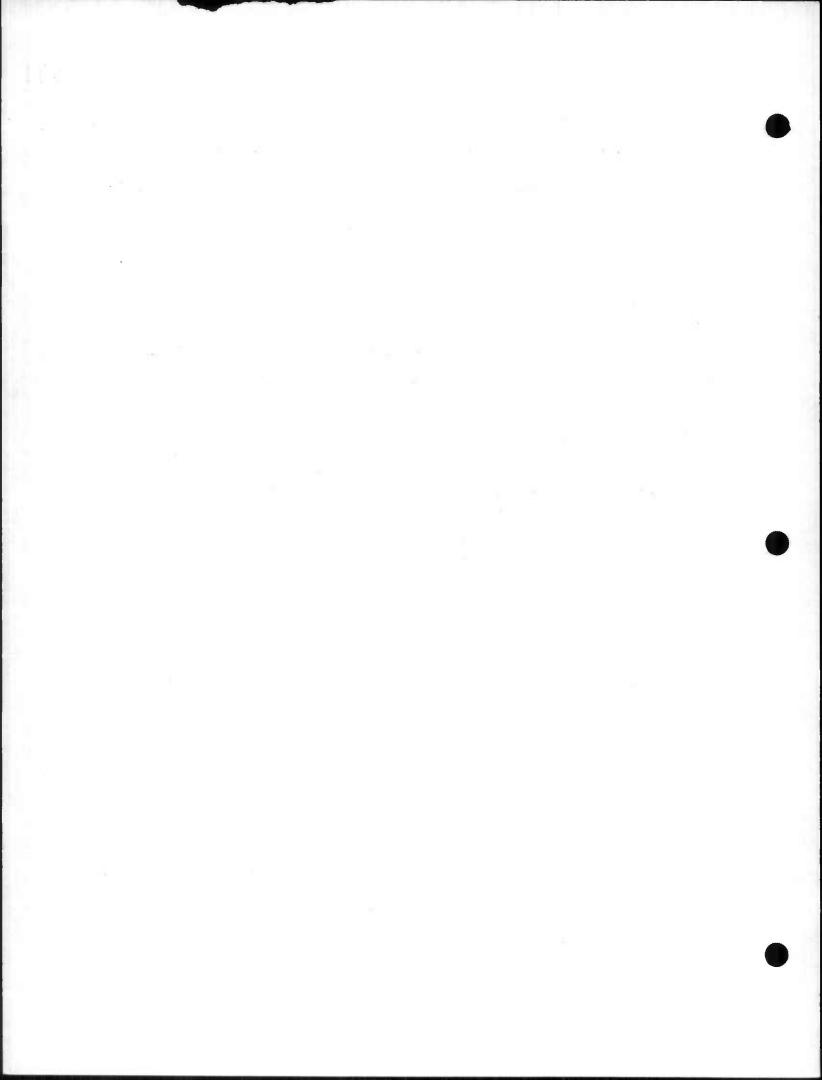
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HOUSE

TOLL



Amended 3-15-96 - t1p1. Tull 19b. House 10e. 2708

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

08342

Funeral Director

17. Tull Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** March 10, 1996 Tall Dean Carolyn 4:00 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner William Hill Health Care Center Cambridge Dorchester | Months | Days | Hours | Min. | Sept 29,1907 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign 10M 30 Louisiana 219-10-8444 88 Yrs. Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits d 2 should be filed within 72 hours after death with the Maryla th and Mentel Hyglene. 7 Is marked other than "natural", or Hema 23a or 28a-1 ehor traumatic event, the Medical Election of the state north and a 28a-f show Md. 1 Yas 2 XX Dorchester Fishing Creek Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2788 Hoopers Island Road 21634 US Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: White þ 3 XWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11 Surgical Nurse Health Care Baltimore, Maryland permit. Peges 1 and 2 should be file Department of Health and Mentel Hy, Important: If Item 27 is marked othe any injury or other treumatic event, since. 17. Father's Name (First, Middle, Last) Tull 18. Mother's Name (First, Middle, Maiden Surname) Be Thomas Tall Andrew Mary Elizabeth Merritt 10 19b. Mailing Address Represent Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2513 Old Howe's Point Rd. Fishing Creek, Md. 21634 Diana T. Willey 20b. Place of Disposition (Nama of cemetery, crematory or other place)

Dorchester Mem. Park 20a. Method of Disposition Data 20c. Location - City or Town, State 1 Bunal 2 Cramation 3 Removal from State 3/13 Cambridge, Maryland 5 ☐ Other (Specify) 4 Donation uneral Service Licenses 22. Name and Address of Facility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 for 23a. P. 11. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, allock, or heart failura. List only one causa on each line. Approximate intarval Between Onsat and Death **Physician** /Medical Immediate Cause (Final MUDCARDIAL 1 NFARCTION 15 MILLIES disaasa or condition resulting in death) Examiner Due to (or as a consequence of): Examiner 20 4EA28 CORONARY ARTERR i or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and in by the function, page 2 should be detached for use as the burlat-transit Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaasa or injury Dua to (or as a consequence of) Box 68760. Physician/Medical that initiated events resulting in death) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the causs of death? 1/2 Yes 2 No 3 Probably 4 Unknown CONGESTIVE HEART FAILURG Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? EMPH45EMA OSTEO PEROSIS 1 Yes 2 No 1 Yes 25. Was case referred to medical axaminer? Be 26. Place of Death (Check only one) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 27. Manner of Death Certification: 28a. Data of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending invastigation 1 Yes 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, street, factory, offica bullding, etc. (Specify) 4 Homicide 24 hours a Funeral D 29a. Certifier (Check only one) Medical 1 Cortifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated. within 24 ho To the Fune completely f 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifies 29c. License number 29d. Date signed (Month, Day, Year) March 12, 1996 Muchaela. Mostour D-16609 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

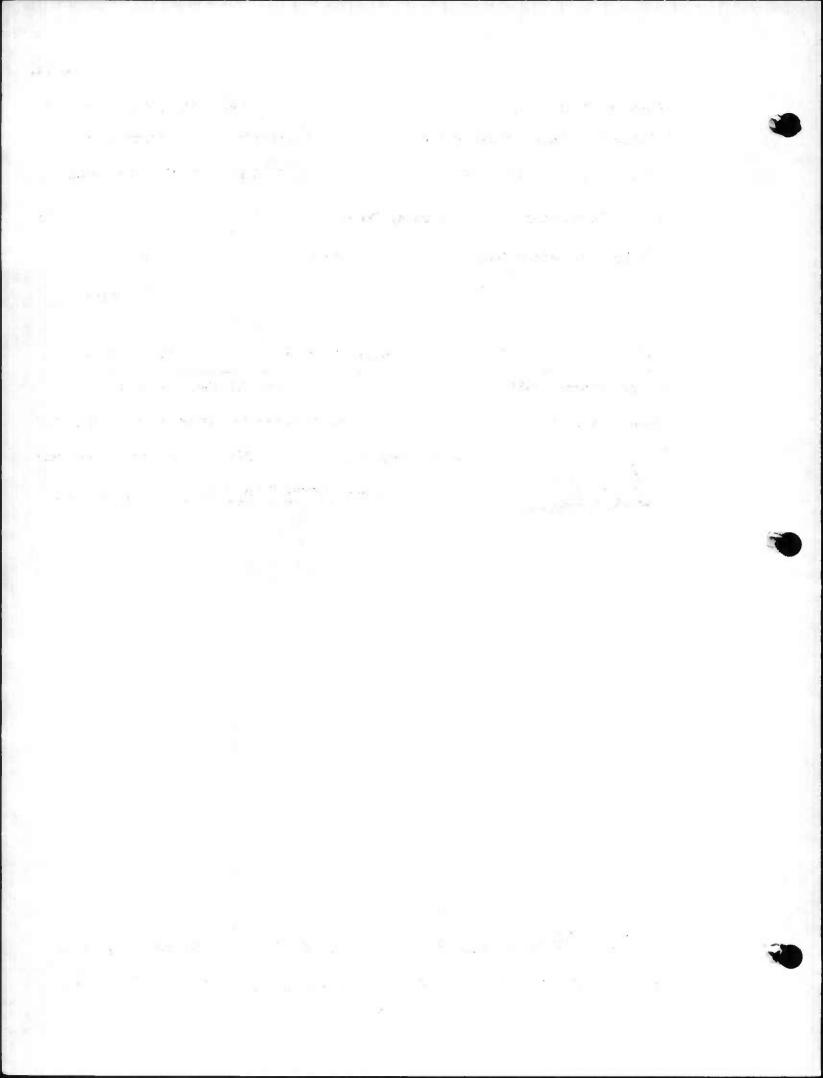
NICHAEZ A. NUOSKEWICZ MW) . 503 BYEN ST. CAMBRIDGE

32. Begistrar's Signatura Randall

State

31. Date filad (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the current feath. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
1. DECEDENT'S NAME	(First, Middle, Last)		2. DATE OF DEATH	AY YEAR	3. TIME OF OE			
HOUSTON	Randolph	DESHIELDS	02 2		1			

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DA		/EAR	TIME OF OEATH
	HOUSTON Rando		DESHIEL AGE (In yrs. lest birthdi		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	23		6	1446 M MCE (State or Foreign
		X M 2 □ F	66 YR	MONTHS	DAYS	HOURS MIN.	(Month, De	y, Year)		Country)	YLAND
	9s. FACILITY NAME (If not institution, give stree	t and number)	00	9b. CIT	Y, TOWN	OR LOCATION OF DE		3-29	9c. COUNT		
FUNERAL DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO										
REC	10a. STATE 10b. COUNTY		10c,	CITY, TOWN	OR LOCA	TION				10	d. INSIDE CITY LIMITS?
٥	Maryland Worc	ester		Sno	whi						YES 2 NO
RAI					10	. ZIP CODE		171	10g. CITIZE	N OF WHA	T COUNTRY?
INE	203 E. Martin S	treet 2. WAS DECEDENT E	VED IN HE ADMED	Lan	WMD DEC	21863 ENDENT OF HISPAI				S.A	
F	1 Never Married 2 Married	FORCES? 1	YES 2 NO	13.	If yes, sp	ecify Cuben, Mexica 2 NO Specifi	n, Puerto Ricar		or No-		American Indian, hita, etc.
ВУ	3 Wildowed 4 Divorced	1947-19			I C YES	2 NO Specifi	γ:			Specify	BLACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16e. DECEOEN	of work done	during mo		16b, KIN	D OF BUS	INESS/INDUS		
		College (1-4 or 5+)	iile. Do NO	T use retired.)							
MP	12 17. FATHER'S NAME (First, Middle, Lest)		Labo	orer		I		No			
	The State of the state of					18. MOTHER'S NA			Sumame)		
BE	Daniel James D	eShield		ING ADDRES	e /Ctmal	Maggi and Number or Rural	e Adk		Chata 7/a C	a da t	
2	Constantina DeS	hiolda									01010
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remove		20b. PLACE AND DA	TE OF DISPO	SITION /No	me of	OATE		ATION - CI		Md. 21212 State
	1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	il from State	Mt.Zior	or other place	tis	t Churc	:h	Sn	owhi:	11.M	d.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22	NAME A	NO ADDRESS OF FA	CILITY				
	Hladys B. &	+ - +				art Fun			-		
	23. PART I. Enter the diseasea, or cor			o not ente	r the mo	West Rd	h as cardiac	or resolu	ratory arrea	1.21	801 Approximata
	ahock, or heart failure. Lis	t only one cause	on each line.						TO A CHIEF		Interval Between Onset and Daath
	disease or condition								Oliset and Dastit		
	resulting in death) a.		AS A CONSEQUENCE		OVAS	COLAR DI	SEASE				
z	C .										
6 F	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQUENCE	E OF):							
CERTIFICATION	CAUSE (Disease or Injury										
E	that initiated events	DUE 10 (OF	AS A CONSEQUENCE	E OF):							
S	d.										
	PART II. Other algolificent conditions	contributing to de	ath but not resulting	ng In the u	nderlyin	g cause given in	Part I. 24	. WAS AN			RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL							116	YES 2		CC	MPLETION OF CAUSE DEATH?
ME											YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		ACE OF DEATH (Ch	eck only one)				
YSI	1 X YES 2 □ NO 1	☐ inpetient 2 🔀 El	R/Outpatient 3 DO	A 4 □ Nu	rsing Hon	e 5 🗆 Residence					
	1 X Natural 5 Pending	28a. DATE OF IN. (Month, Day,		TIME OF INJURY	WC	URY AT	28d. DESCRI	BE HOW IN	JURY OCCU	REO	
BY	2 Accident Investigation	28a PLACE OF II	NJURY — At home, far	m street for		YES 2 NO	28f. LOCATIO	M. Change		D 1 D 1	- 41 4
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc	. (Specify)	m, sereet, rac	ctory, orne			wn, State)	na Number or	PIURII PIOUR	e Number,
E	29a. CERTIFIER										
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER:										of menner as sisted
	29b. SIGNATURE AND TITLE OF CERTIFIER										
BE		1.10	a mD	D M E		29c. LICENSE NUI	MBEH				onth, Day, Year)
2	30 HAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE	OF OEATH (ITEM 27)	IJ . M . E	•	D03599	-		02-	-23-9	0
	TOUN TO DITTUET EV M	n 100	DIME DIT	בב פס		CALTODIO	CIM S	2100			
	JOHN T. BULKELEY, N 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	re RO	MU	SALISBUR	עויז קב	ZTOU-			
	31. DATE FILED (Month, Day, Year) FEB 2 7 1996	Jalia da	xclear Randall	1							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	ERNEST	CLY	DE	DIXON							DAY 3	96	0935
	4. SOCIAL SECURITY NUME 270-07-0346	BER	5. SEX 1)(M 2 F	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH MARCH 1, 1	917	6. BIRTH	PLACE (State or Foreign
стоя	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 405 ROYAL STREET SALISBURY WICOMICO												
5	RESIDENCE OF DEC	10b. COUNT	γ		I soc CITY	, TOWN OR	LOCAT	TOW!			-		10d. INSIDE CITY
DIRE						ALISE						-,44	LIMITS?
	10e. STREET AND NUMBER					, LIO	-	ZIP COD	E		10g. CIT	IZEN OF Y	WHAT COUNTRY?
ER/	405 RO	YAL ST	REET					21	1801		1	u.s	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES GIVE WAR OR DATES WILL THE YES GIVE WAR OR DATES WILL THE YES GIVE WAR OR DATES WILL THE YES GIVE WAR OR DATES ARMED					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify: NO Specify: WHIT							
0		EOENT'S EDU		16a. OE	CEDENT'S	USUAL OCC	UPATIC	ON .		16b. KIND OF B	USINESS/INI	DUSTRY	
PLET	Elementary/Secondary (0		College (1-4 or 5	+)	CLERK	rork done du e retired.)	nng mo:	st or work	ng	u.s. 1	POST C)FFI(CE
COMPL	17. FATHER'S NAME (First, M	iddle, Last)				-		18. MOT	HER'S NA	AME (First, Middle, Maide	n Surname)		
BEC	CLYDE	DIXON							M	AMIE MORRI	S		
TO B	194. INFORMANT'S NAME (1 MARY D									Ploute Number, City or To LISBURY, N			21801
	20a, METHOD OF DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	oval from State	20b. PLACE	ND DATE	F DISPOSIT	ON (Na	me ol		DATE 20c. L	OCATION -	City or To	
	21. SIGNATURE OF CUNERAL SERVICE LICENSEE 21. SIGNATURE OF CUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. A SALISBURY, MD.												
	BOUNDS FUNERAL HOME, SALISBURY, MD. 21804 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
	PART II. Other algnifice	-	d	deeth but not re	eaulting i	n the und	eriying	ceuse	given in	Part I, 24a. WAS A	N AUTOPSY	24b	. WERE AUTOPSY FINOR
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AN	25 WAS CASE REFERRED TO MEDICAL												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA												
Y PHYSICIAN:	27. MANNER OF DEATH 1 X Xetural 5	Pending	28a. DATE OF (Month, E	INJURY	28b. TIME	OF 2	8c. INJI WO	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED	100
red BY	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 1 YES 2 NO 28. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)							Route Number,					
COMPLET	onel -									to the cause(a) and m			s) and manner as state
TO BE C	290. SIGNATURE AND TITLE SULMUS C 30. NAME AND ADDRESS OF	Hell.	n. Asst	Deputy	Med.	Exan	rivo	29c. LIC	ENSE NU	MBER		3-05	(Month, Day, Year)
		ILL, J	R., M.D.		NE BI		ROA	D, S	ALIS	SBURY, MD	21801	8	

TOTAL STATE STATE STATE STATES

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR	STATE OF I	MARYLAND /	DEPAR	RTMENT OF	HEAITH	AND	MENTAL	HACIEN	:	96	08345
	1 - STATE REGISTRAR	OIMIE OI	CE	RTIF	ICATE O	F DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF	DEATH		YEAR :	3. TIME OF DEATN
	Mildred Ja	ane Day							ch 2,			9:35 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA	_	R 24 HRS.	7 DATE OF	BURTH			LACE (State or Foreign
	213-24-2898 1 M 2 XF 85 YRS. MONTHS DAYS HOURS MIN. J						June	12, 1	910	Mary	yland	
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TOW	N OR LOCAT	ION OF D	EATH		9c. COU	NTY OF DE	ATH
TOR	Citizens Nursing Home				Frederick Frederick					rick		
FUNERAL DIRECTOR	Maryland Frederick				rederic							IOd. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER				T	10f. ZIP COL	DE			10g. CITI	ZEN OF WH	IAT COUNTRY?
ER/	8539 Rocky Spri	ngs Road			- 1	217	702				U.S.A	
S	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPAI	NIC ORIGIN?	Specify Yea	or No —	14. RACE -	- American Indian,
	1 Never Married 2 Married		MAR OR DATES	10		epecify Cub		en, Puerto Ric	an, stc.)			White White
ВУ	3 🖾 Widowed 4 🗌 Divorced											wurre
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	work done during	ATION most of work	ing	16b. K	IND OF BUS	INESS/IND	USTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker 17. FATNER'S NAME (First, Middle, Last) Claude Hamilton Burdette												
BE CO	Tr. Father's NAMe (First, Middle, Last) Claude Hamilton Burdette 18. MOTHER'S NAMe (First, Middle, Maiden Surname) Sarah Rebecca Boyer											
19a. INFORMANT'S NAME (Type/Print) Maxwell L. Day 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13042 Penn Shop Road, Mount Airy, Maryland					and 21771							
	20a. METNOD OF DISPOSITION 1 ☑ Burlat 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	20b. PLACE	AND DATE	of disposition	(Name of	Cem	3/6/	20c. LOC	CATION —	City or Tow	n, Stata Jaryland
	21. SIGNATURE OF FUNERAL SERVICE LIK	Moles	math	_	Oli	AND ADDR	ess of FA	worth	, P.A	., F	unera	1 Home land 20872
	23. PART I. Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	complications the	at caused the de use on each line	eath. Do			The second secon					Approximate Interval Between Onset and Death
	reaulting in deeth)	e. Q	OR AS A CONSE	OLIENCE (of War							2 2 mgc
NO	Sequentially list conditions,	b. Ar	towale ?	FL I	Hyperter	gain	and	in	4-2	Lun		>54m.
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	`									
ERTIF	that initiated eventa recuiting in death) LAST	d	O (OR AS A CONSE	OUENCE (л-): 							
MEDICAL C	PART II. Other significant condition	e contributing to	deeth but not i	reeulting	In the under	ying couse	given in		4s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT	PIRLITE TO C	ALISE OF DEA	TH V	ES I NO	DZI LINI	CERTAI					1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	KIBOIL IO C			ATN (Check only	73	CLKIMI	14 [
SICI	EXAMINER?	HOSPITAL:			OTHER:		D. eld	14 D an				
PHYSICIAN:	1 YES 2 OCNO	1 L Inpatient 2	ER/Outpatient 3	28b. TI	4 Klursing	Home 5 1	Rasidenca		Specify) RIBE NDW II	NUTTIEN OF	CHBED	
ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)		IJURY	WORK?	□ NO	200. DESC	THE NUMBER	NONT OC	SoneD	
and i		DO BLACE										

1 Natural
2 Accident 5 Pending Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicida 8 Could not be determined

28c. INJURY AT WORK? 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.

29a. CERTIFIER (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TULE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

11801 Fingerboard Road, Monrovia, Md. 21770

0-18191

Arthur G. Manalo, M.D. 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Julia Davidson Roylotte

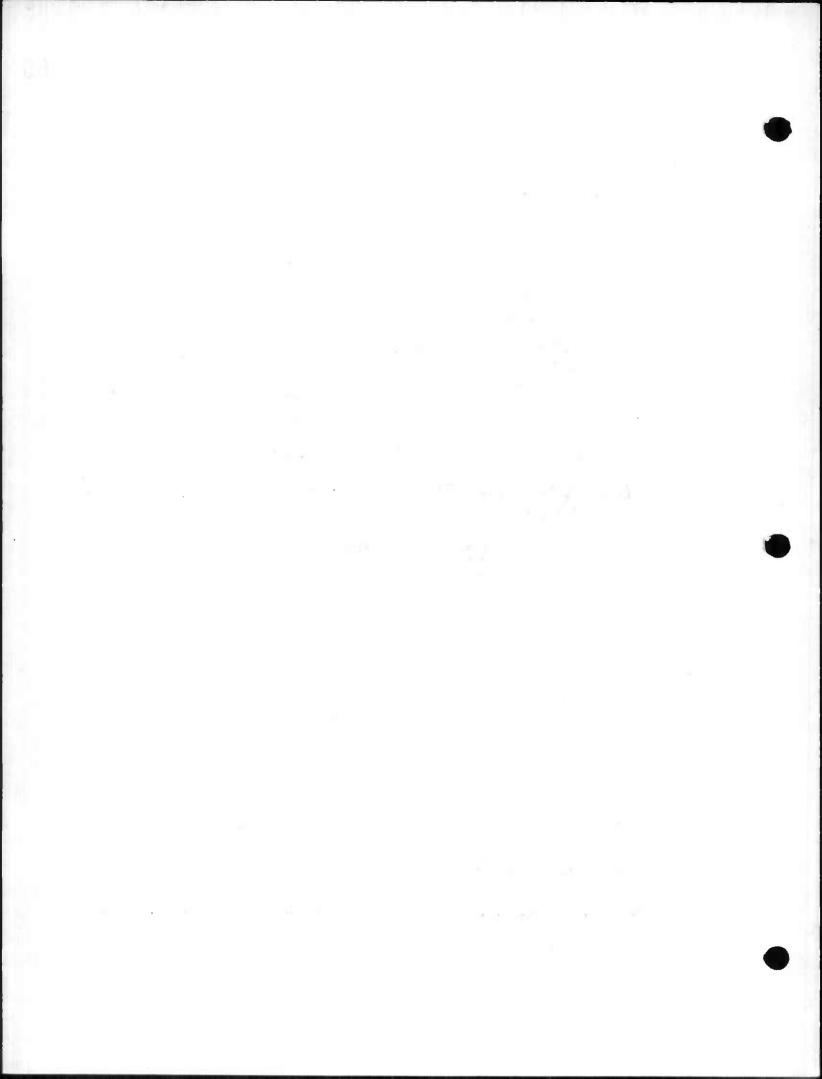
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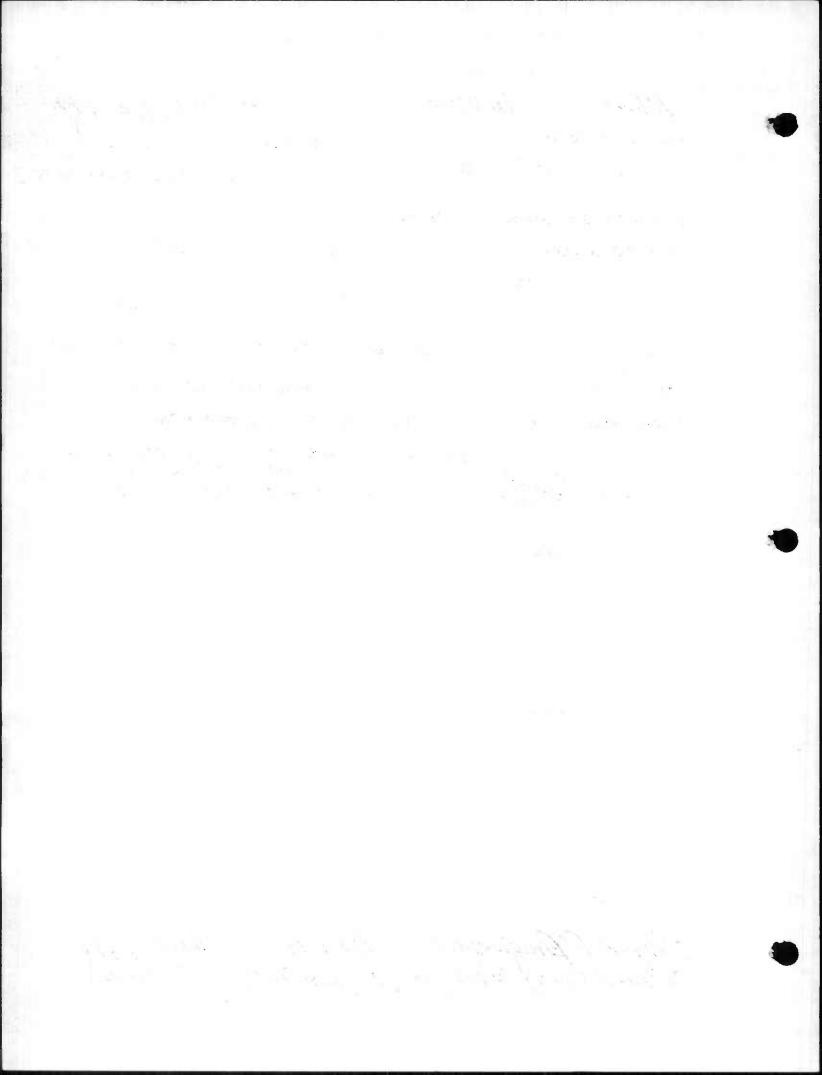


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) **Date of Deeth** (line Whombell Bay **Physician** 1/ber D /Medical 4a. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death Examiner 8301 Golden Drive Clinton Prince George 5. Social Security Number If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** 15 M 2□ F Months Days 67 Yrs. Director June 2,1928 Washington DC 230-24-0884 Usual Residence of Dec the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Clinton Maryland Prince George 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ filed within 72 hours efter death with United States 20735 8301 Golden Drive or items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? ▼Ell*Yes 2 □ No If Yes, Give Year or Dates: 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2√No Specify: White Specify: Aq 3 Widowed 4 Divorced "natural". Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7 Department of Heelth and Mental Hygiene. Important: If them 27 is marked other than "na any injury or other traumatic event is served." (Give kind of work done du life. DO NOT use retired) during most of working Elemantary/Secondary (0-12) College (1-4or 5+) Federal Government Communications Specialist 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be 2 Josephine V. Rainsberger Albert Cline 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8301 Golden Drive, Clinton, Maryland 20735 Rachel Marie DeCline 20b. Placa of Disposition (Name of cemetery, crematory or other p 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 Burial 2 Cremation 3 Removal from State Lee Crematory March 6,1996 Clinton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of FacilityLee Funeral HOME, Inc 6633 Old 21. Signature of Funeral, Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Return Interval Between Onsat and Death Physician Hester artens pluste cardidors culo desace /Medical Immadiata Causa (Final disease or condition resulting in death) Examiner Examiner The law requires thet the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, attending physician for usa as the burie Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown идрения þ 24b. Were autopsy findings evalleble prior to Completed 24e. Was en eutopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Attending Physician: 25. Was case referred to medical 8 26. Place of Death (Check only one) 1 You Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 ⊉□ No 1 Inpatient 2 ER/Outpatient 3 DOA ä Medical Certification: 28b. Tima of 28d. Describe how Injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Affar + DMatorai 5 Pending death. 1 ☐ Yes 2 ☐ No investigation or Attend after death Director: / 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) が 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Cartifying Physician: To the best of my knowledga, dasth occurred at tha time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only 29b. Signature and title of certifie 9d. Date signed (Month, Dey, Year) leath (Item 23a) (Type, Print) State Registrar whi obwelson Rardall



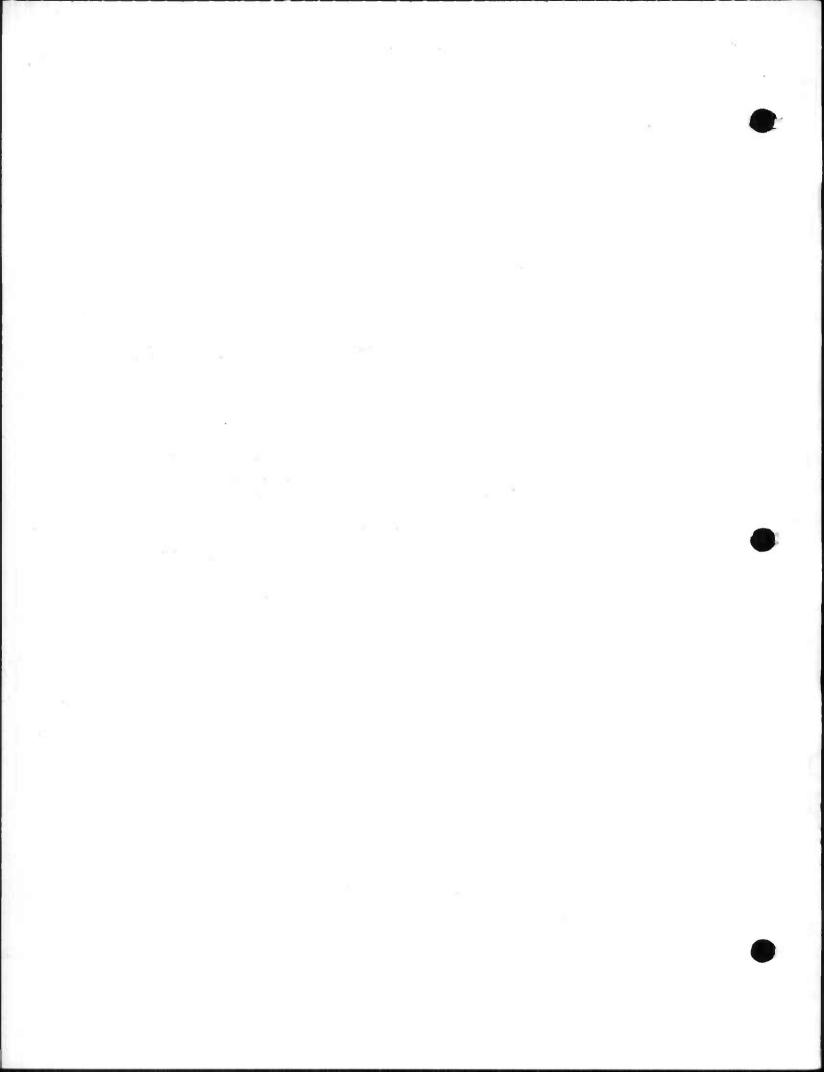
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TO BE COMPLETED BY FLINEBAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospital or attending physician,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

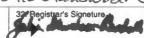
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIE				
- 2	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH		YEAR 3. TIM	E OF DEATH	4
	Lloyd Howa		Denea	u				96	1:22	Ри
- 6	A SHIP SHIP SHAPE	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE Country)	(State or For	eign
	214-32-6153 9s. FACILITY NAME (If not institution, give stree		2 YRS.	9b. CITY TOWN (OR LOCATION OF D	3/8/04	An COUNT	Y OF DEATH	D	
DIRECTOR	Berlin Nursing Home				in	LAIN		cester		
EC	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	TION			10d. II	NSIDE CITY	
	MD Worce	ester		Berlin				The state of	IMITS? YES 2 X P	NO
FUNERAL	100. STREET AND NUMBER 10344 Assateag	ue RD		101	21811			N OF WHAT C	OUNTRY?	
3						NIC ORIGIN? (Specify	Yes or No 1	4. RACE Am	erican India	n.
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	I IF YES GIVE WAR OR DATES			ecify Cuben, Mexico 2 X NO Specif	en, Pusrio Rican, etc.) y:		Specify:	nite	
8	15. DECEDENT'S EDUCA (Specify only highest grade co		16e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF I	BUSINESS/INDUS		-	
COMPLETED		College (1-4 or 5+)	life. Do NOT us		st of working		_			
MP	17. FATHER'S NAME (First, Middle, Last)		Mecha	nic			Repair			
	Thomas Deneau					ME (First, Middle, Meid Perry	en Sumeme)			
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or 1	own, State, Zio G	odel	_	_
5	Mabel Timmons	Deneau				D Berlin,		1811		
	20s. METHOD OF DISPOSITION 1 Burisl 2 □ Cremetion 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State 20b. F	PLACE AND DATE (of disposition (Na ther place) n Cemet	nne ol		LOCATION — CR		ts	-
	II. BIGHATATHE OF FUNETAN SERVICE LICEN	ISEE	vergree	22. NAME AF	ery :	3/12/96 B			_	
	V. 5/16/30	utal		108	Williams	Burba St. Berl	ige Fur	neral H 2181		
	23. PART . Enter the diseases, or con ahock, or heart failure. Lis	nplications that coused	the daeth. Do n	ot antar tha mo	da of dying, suc	h as cardiac or rea	piratory srres	it, 4	approximat	
ı	IMMEDIATE CAUSE (Final								nterval Bel Onset and	
	disesse or condition reaulting in death)	ATHERO	SCLO	1877C	(HaD)	DVASCUL	ARE	SE		
_		- DUE TO (OR AS A C	CONSEQUENCE OF	-):]		
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A C	CONSEQUENCE OF	7):						
CA	CAUSE (Disease or injury									
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	7):				ì		
S	d.									
NAL	PART II. Other significant conditions	contributing to death but	t not resulting i	n the underlying	cause given in		AN AUTOPSY ORMED?	AMILA	AUTOPSY FIN	0
PHYSICIAN: MEDICAL						1 TYES	2 X NO	OF DEA	ETION OF CA	USE
Σ	DID TOBACCO USE CONTRI	RUTE TO CAUSE OF	DEATH VE	SINO	UNCERTAI			1 🗆 Y	ES X NO	٥
IAN	25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEAT		ONCERIAII	1 1				-
Sic		OSPITAL: Inpetient 2 ER/Outpet	tient 3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)				
F	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI		URY AT RK?	28d. DESCRIBE HOY	V INJURY OCCU	RED		
BY	2 Accident Investigation			M 1 🗆 1						
田田	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, stc. (Specif)	At home, farm, a	treet, factory, office	•	28f. LOCATION (Stree City or Yown, Ste	et and Number or te)	Rural Route Nu	mber,	
COMPLET	29s. CERTIFIER 1 A CERTIFYING PHYSICIA	IN: To the best of my knowled	dge, death occurre	d at the time, dats	and place, and due	to the cause(s) and n	nanner as stated.			
ŏ.		On the besis of examination of							snner as sta	ted.
BE (200. SIGNATURE AND TITLE OF CENTIFIER	111	2		29c. LICENSE NUI	4BEN	29d. DATE S	SIGNED (Month,	Day, Year)	
2	20 NAME AND ADDRESS OF STREET			1	D4625	7	1 3	110/9	6	
	30. NAME AND ADDRESS OF PERSON WHO			71107				1		
5	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE	FRANKLI	N AVE. B	ERLIN, MD	. 21811	410-6	541-06	546_
	MAR 1 2 1996	Win Studior R	ardall							



Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 08348 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** MARIAN E. de COCO 1996 10:15 pm March /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Montgomery General Hospital Olney Montgomery 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 8. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1 M 2 X F Months Deys Hours Yrs. Director 104-09-9427 81 April 30, 1914 New York Usual Residence of Decedent the Maryland 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Mexical Examiner must be notified at 1 Yes 2 No Director Prince George's College Park 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20740 6906 Wake Forest Drive U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 72 hours aftar 1 Never Merried 2 Married Baitimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorcad Completed 16a. Decedent's Usuel Occupetion (Give kind of work done duning most of working lifa. DO NOT use ratired) 15. Decedent's Education 18b. Kind of Business/Industry (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traument. Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maldan Sumame) Be Charles Miller Catherine Buff 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dianne Bukoski / Daughter 6906 Wake Forest Drive, College Park, MD 20740 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Holy Sepulcher Cemetery 3/12/96 Rochester, New York 22. Name end Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funeral Service Licensee 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. PartY. Entar the disease, of complications that caused the death. Do not entar the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. ous Approximete interval Between Onset end Deeth **Physician** /Medical immediete Ceuse (Final disease or condition resulting in deeth) Examiner Examiner heimers physician and s the bural-transit requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseesa or Injury that initiated evants resulting in death) Lest Due to (or es e consequença of) Box 68760. Physician/Medical Due to (or es e consequence of) for use as P.O. I ed by the a Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown s been signed to should be det Records, by 24b. Wera autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed page 2 1 Yes 28 No 1 ☐ Yes 2 ☐ No certificate Division of Vital 25. Wes case referred to medical Be 28. Placa of Deeth (Check only one) examinar? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred Medicai Certification: atenda.
Af Director: Af Hospital or Attending 5 Pending investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a Vithin 24 hours a Completely lilled 150 Certifying Physicien: To the best of my knowledge, daeth occurred at tha tima, deta end plece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, deta and place, and due to the cause(s) and menner stated. 29e. Certifier 29d. Dete signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number Attending 35045 Physician 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) PHILIPG. HENJUMMB3416 Olandwood Court #200 OLNEY MD 20832

State Registrar 31. Dete filed (Month, Day, Year) MAR US 139



1 4 110 MI 100

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF WINE RECORDS, F.O. BOA 60/60 BALLIMONE, MARTLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	TATE OF MARYLANI	D / DEPARTI	MENT OF	HEALTH AND	MENTAL HYGIEN			
d	1. DECEDENT'S NAME (First, Middle, Lust) HELEN	DORM				2. DATE OF DEATH DON'TH BRUARY	26 19	3. TIME OF DEATH AM	
l V		M 2 X F 90	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1905-	NRTHPLACE (State or Foreign Country) VIRGINIA	
TOR	96. FACILITY NAME (If not institution, give street on NATIONAL LUTHERA RESIDENCE OF DECEDENT		.9	VILLE					
DIRECTOR	10e. STATE 10b. COUNTY	TER CO.		TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1661- OCEAN	101. ZIP CODE 21811					10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUN	1 Never Married 2 Merried F	WAS DECEDENT EVER IN U.S. ORCES? 1 YES 2 FYES, GIVE WAR OR DATES	□ NO	If yes, s	CENDENT OF NISPAI ecity Cuben, Mexics 2 NO Specifi	NIC ORIGIN? (Specify Yearin, Puerto Rican, atc.)		14. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll.	16a oted) oge (1-4 or 5+)	DECEDENT'S US (Give kind of won life, Do NOT use in	k done during m etired.)	most of working		SINESS/INDUST		
NE	17. FATHER'S NAME (First, Middle, Last)		SALI	ESPERS			AVAIL	ABLE	
	JOHN ANTHO	NY LATHAM			The second second	ME (First, Middle, Meiden	-	c c	
TO BE	100 INFORMANTIC NAME (TOURIS)						0)		
20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelory, crematory or other place) LORRAINE PARK CEMETERY-2/29-BALTIMORE, M						ny Town State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	∽	THE THE	HYS	ONG CO	CILITY			
NOI	23. PART I. Enter the diseases, or complishook, or heart failing List of IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate	nly ena cause on each	Beele ISEQUENCE OF:	rent	Preus	nonia	ratory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Dealer les	-	itan	1	Doscare			
AL	PART II. Other significant conditions com	iributing to deeth but no	ot resulting in the	tha underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
z	DID TOBACCO USE CONTRIBUT	TE TO CAUSE OF D	EATH YES	□ NO E	UNCERTAIN	v 🗆			
PHYSICIAN: MEDIC		26. P SPITAL: Inpatient 2 - ER/Outpatient	LACE OF DEATH	THER:	e 5 Rasidence	8 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT PRK?	28d. DESCRIBE HOW IN	JURY OCCURE	D	
		28e. PLACE OF INJURY — As building, atc. (Specify)	t home, ferm, stre	et, fectory, offic	•	261. LOCATION (Street & City or Town, State)	nd Number or Ru	rel Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 2 MEDICAL EXAMINER: On 1	to the best of my knowledge,						ISO(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CHITHER	- m 0			29c, LICENSE NUN 1) 366		29d. DATE SIG	NED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (DR.	Rock	VILLE	MN	2085A	
	31. DATE FILED (Month, Day, Year) MAR 05 1996	REGISTRAR'S SIGNAT	what			1		7040	

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: ca hours after death, rage to may be retained by the hospital or attending pr	IN THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	I fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	supportant: it is an 28' to marked or liem 23 shows any injury or other traumatic event. The medical axaminer must be notified at once.

T.H.BURGESS,

MAR 06 1996

31. DATE FILED (Month, Day, Year)

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32 REGISTRAR'S SIGNATURE

ITEM: 11. PER INFORMANT FILM G-733 3/28/96 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SAY YEAR PM RICHARD HAYDEN DOVE 11:30 FEBRUARY 26 1996 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5 SEX 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. 579-09-6971 1 XM 2 F June 29, 1918 Washington, DC 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY RESIDENCE OF DECEDENT DIPECT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TYES 2 X NO Virginia Westmoreland Montross 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Route 1 Box 2255 22520 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Ricen, stc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2XX Merried 1 TES 2 X NO Specify: Specify 3. Divorced BY WWII, Korea, Vietnam White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 8 +) COMPL Equipment Specialist 12 NSWC 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) John Ernest Dove Cora Hayden BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Route 1 Box 2255 22520 Lola B. Dove (Wife) Montross, Virginia 20e. METHOD OF DISPOSITION

1X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Popes Creek Baptist Church 3/1/96 Baynesville, Virginia Donation 6 Other (Specify) 21. SIGNATURAL SERVICE LICENSEE # M00690 22. NAME AND ADDRESS OF FACILITY Welch Funeral Home aus Route 2 Box 2 Montross, Virginia 23. PART I. Enter the diseases, or complication that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) DISSEMINATED ASPERGILLOSIS DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 X YES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 TES 2 XNO 1 X Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1X Natural М 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Check ant)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and menner se stated ENATURENMENT TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Hoomson 127 FEB 96 RES-000 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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NATIONAL NAVAL MEDICAL CENTER

BETHESDA MD 20889-5600

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hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State have of Manth and Mantal Houlans note to hurst committee of annuals.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA	MENT OF H	IEALTH AND I	MENTAL HYGIEN		0 00351			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
0	GORMAN STAFFORD D	ONEGAN				MARCH 02	1996	2:00PM M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)			
	228-14-2362	1 X M 2 □ F 74	YRS.	MINS DAYS	HOURS MIN,	Aug. 25,	1921	New York			
œ	Sa. FACILITY NAME (If not institution, give st	reet end number)	98	L CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	National Institue	s of Health		Bethes	sda		Mont	tgomery			
EC	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY			
5	Virginia North	umberland	Wid	comico	Church			LIMITS?			
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	P.O. Box 220				22579		Unite	ed States			
Ę.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14.	. RACE — American Indian, Black, White, etc.			
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	_,		2 X NO Specify			Specify: White			
	15. DECEDENT'S EDUC	CATION 16a	DECEDENT'S USI	IAL OCCUPATIO	M	Tack WIND OF BUILD					
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Meiden		201101			
BE (Stafford Gorman D	onegan			Helen	Marr					
70	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town					
	Mary June Diven D		P.O.	Box 2	20 Wicom	ico Church	, Virg	ginia 22579			
	20a. METHOD OF DISPOSITION 1\(\lambda\) Burlel 2 \(\lambda\) Cremetion 3 \(\lambda\) Remote Remote \(\lambda\) Donetion 5 \(\lambda\) Other (Specify)	wal from State 20b. PLAC	EANDDATEOFD crematory or other	ISPOSITION (Na place)	Cemetery	1		or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A MOO69	0					n, Virginia			
	22. NAME AND ADDRESS OF FACILITY Currie Funeral Home, Inc. Box 1275 Kilmarnock, Virginia 22482										
	23. PART I. Enter the diseases, or c	compilcations that caused the	death. Do not	enter the mo	de of dylng, such	as cardisc or respi	ratory arrest	Approximate			
	shock, or heart fellure. I	List only one cause on each li	ne.		Arrest	1		interval Setween Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DIETO FOR AS A COME DIETO FOR AS A COME METASTATIC	REQUENCE OF): Y		-probable Liver + C	y Christona vinium U	las Men 1 Know	Pring			
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COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	nome, raim, atree	r, rectory, omice		28f. LOCATION (Street & City or Town, State)	nd Number or F	Rurel Route Number,			
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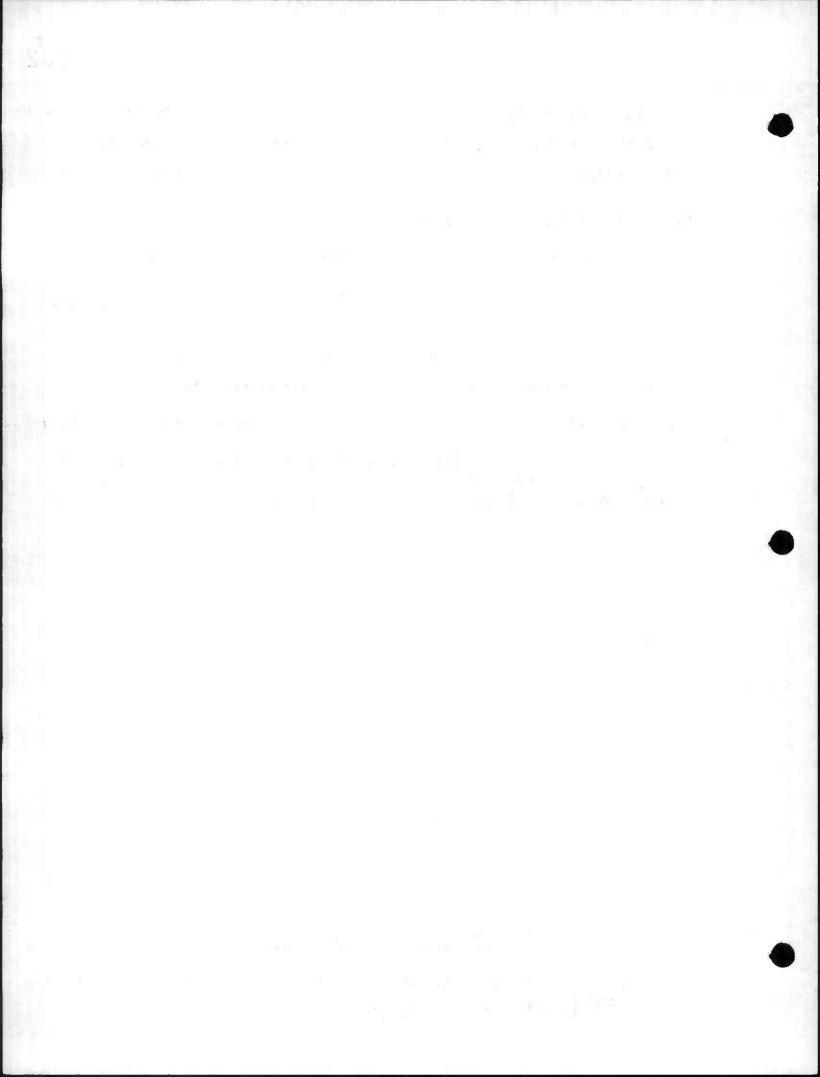
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State of Maryland / Department of Health and Mental Hygiene

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TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whum 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E		0033,
1. DECEDENT'S NAME (First, Middle, Last)		****			2. DATE OF DEATH			ME OF DEATH
	LOUIS	, D	onoho)	MARCH 5		CO I	015
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE	E (State or Foreign
217-36-0002		yas.	ONTHS DAYS	HOURS MIN.	MAY 8,190	6	MD.	
9a. FACILITY NAME (If not Institution, give s PENINSULA REGIO				ISBURY	EATH	WICC	MICO	
RESIDENCE OF DECEDENT						1		
MD. WICON			TOWN OR LOCAT	SPRINGS				INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEI	N OF WHAT	COUNTRY?
ATHOL ROAD				21837		U.	S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Ricen, stc.)	n or No 14	Black, White	merican Indian, la, atc.
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US			16b. KIND OF BU	SINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	FARMER	rk done during mo retired.)	st of working	T	DUTNO		
17. FATHER'S NAME (First, Middle, Last)		TARRIER		48 MOTHER'S NA	ME (First, Middle, Maiden	RMING		
PHILLIP TOM D	опоно			GOLDIE		· · · · ·		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Aoute Number, City or Tox		ode)	
NORRIS DONOHO					SPRINGS, MA			37
200 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem		. PLACE AND DATE OF	DISPOSITION (No			CATION — CIT		
4 Donation 1 Cher (Specify)	ioval from Stata	ARDELA CE	METERY		3/9 MARI	ELA SE	RINGS	.MD.
21. SIGNATURE OF EGNERAL SERVICE LI	CENSEE	0.	22. NAME A	D ADDRESS OF FA				
* Sunta	Bau	1	BOUND	S FUNERA	L HOME, SAI	ISBURY	,MD.	21804
23. PART I. Enter the disease, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	List only one cause on a	ech iins.					e,	Approximeta interval Between Onset and Dastit
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C			CARDIE	- fairo	TNY		YEARS
that initiated eventa resulting in death) LAST	DUE TO (OR AS a	A CONSEQUENCE OF):						
PART II. Other significent condition	ns contributing to death i	but not reculting in	the underlyin	n course silves in	Part I. 24s. WAS AN	LAUTOBOY	LOAD MEET	E AUTOPSY FINDINGS
CARDIAC	ARRNYTHA			YMEAL	PERFO	RMED?	AVAIL	ABLE PRIOR TO PLETION OF CAUSE EATH?
	DUEASE				′		1 🗆	YES 2 NO
DID TOBACCO USE CONT	RIBUTE TO CAUSE C		•		N 🗆 📗			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	OTHER:					
1 VES 2 NO	IV.				6 Other (Specify)			
Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	PURY AT PRICE 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR' building, etc. (Spe	Y — Al home, farm, atr	reel, fectory, affic	0	261. LOCATION (Street City or Town, State		Rural Route I	Vumber,
29a. CERTIFIER								
(Check only	ER: On the beat of my known							menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	- /			29c. LIÇENSE NU	MBER	29d. DATE S	SIGNED (Mg/H	th, Day, Year)
Komled f.	fund			D36	576	13/	5/8	6
30. NAME AND ADDRESS OF PERSON W	P. TRAU	EATH (ITEM 27) (Type, F		SALIS	BURY,	MO	218	01
31. DATE FILED (MONUTA Day, Year) 6 19	32. REGISTRANG.SIG							

X

MARBELA CEMETERY

3/9 MARDELA SPRINGS, MD.

BOUNDS FUNERAL HOME, SALISBURY, MD. 21804

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Mic SUSIE A	idie, Last) llene	ELZEY					2. DATE OF MONTH Feb.	DEATH DAY	199	YEAR	3. TIME OF DEATH 9:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	hirthday) IE III	DER 1 YEAR	IF UNDER	24 HRS	7. DATE OF		10.		HPLACE (State or Foreign
		1 M 2 D F		MONT		HOURS	MIN.	(Month, De	sy, Year)	_	Count	(ry)
	216-14-9899		86			1		Jan 10), 191			yland
~	9e. FACILITY NAME (If not institu	ition, give street and number)			ITY, TOWN						NTY OF E	
0	SALISBURY NUR	SING & REHAB		SALISBURY, MD.						WIC	COMI	00
5	RESIDENCE OF DECED	DENT b. COUNTY		10c, CITY, TOW	N OR LOCA	TION						10d. INSIDE CITY
DIRECTOR		Vicomico		Salisbu		IIION						LIMITS?
7	10e. STREET AND NUMBER				10	H. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
ER/	904 Lake Str	reet				218	301			l	JSA	
FUNERAL	11, MARITAL STATUS		T EVER IN U.S. ARM		13. WAS DE	CENDENT	OF HISPA	NIC ORIOIN? (S	pecify Yes	or No-	14. RAC	E — American Indian,
	1 X Never Married 2 Me	rried FORCES? 1	YES 2 X N	0		pecify Cub		en, Puerto Rice	n, etc.)		Spec	k, White, atc.
BY	3 Widowed 4 Divorced	d 125, 0172 v	AN ON DAILS		1 10	2 2 100	Speci	ry.			_ "	can American
0		ENT'S EDUCATION		EDENT'S USUA			40	16b. KII	ND OF BUS	INESS/INI		Jun 7 ((110210 d))
COMPLETED		ghest grade completed) College (1-4 or 5	Hin	re kind of work do Do NOT use retin	ne during m d.)	ost of work	ing					
PL	Tha avade	Conege (1-4 or 5		ed-labo	TAT			D	omest	ic		
M	17. FATHER'S WAME (First, Middle		Item	eu-Iube	161	10 MOT	HED'S N	AME (First, Midd			_	
		e, Lasty								surrentrey		
BE	John Elzey	-100						eth Wi				
0	19a. INFORMANT'S NAME (Type	(Print)		MAILING ADD								ALC: THE SALE
	Betty Leak		72	4 Denn	is Str	<u>eet -</u>	Sali	sbury,				
	29a. METHOD OF DISPOSITION 1 → Burlel 2 ☐ Cremetion	3 Removel from State		ND DATE OF DIS		lame of		DATE	20c. LOC	CATION -	City or T	own, State
	4 Donation 5 Other (Sp		Spring	nill Mer	norial	Gar	dens	02/28	Hebi	ron,	Mary	yland
	21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE			22. NAME A	ND ADDR	ESS OF F	ACILITY 21:	3 Jers	sev F	Road	- Salisbury.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 213 Jersey Road - Salisbury, Jolley Memorial Chapel - Maryland 21801											
	23. PART I. Enter the dise	asea, or complications the	it caused he de	nth. Do not er					_			Approximate
			Control of the Contro									Onset and Death
	disease or condition (D) Asset Hreste MC											mina f
	reaulting in death)	a. FDO	bsble	- Ac	ute	M	2					minutes
		a. Poor	OR AS A CONSEC	DUENCE OF):	whe The	M	2010	Des 1				minutes
NO	reaulting in death)	a. FRO	COR AS A CONSECULISTUV	DUENCE OF): A	Th	M	Z.	18081	۷			minites
TION	reaulting in death) Sequentially list condition if any, leading to immedia	ite DUE TO	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	DUENCE OF):	Th	M	Sh	POS1-	۷			minutes
ICATION	reaulting in death) Sequentially list condition	DUE TO	(OR AS A CONSEC	DENCE OF):	Th	M	Z Sh	40S1-	۷			minutes
LIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSECUTION OF AS	DENCE OF):	Th	M	Z	AUS 1-	۷			minutes
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	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO d	(OR AS A CONSEC	DUENCE OF):						ALTERNATION		minutes
AL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d. conditions contributing to	OR AS A CONSEC	DUENCE OF):	underlyli	ng ceuse	given ir		Sa. WAS AN. PERFOR		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO
	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO d. conditions contributing to	(OR AS A CONSEC	DUENCE OF):	underlyli	ng ceuse	given ir	n Part I. 24	Ia. WAS AN	MED?	24	MIMILES b. WERE AUTOPSY FINDINGS
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BY PHYSICIAN: MEDICAL	PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other DEATH DID TOBACCO USE 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 6 Co	CONTRIBUTE TO CA AEDICAL HOSPITAL: 1 Inpatient 2 1 Inpatie	OGRAS A CONSECTION OF THE PROPERTY OF THE PROP	DUENCE OF): DUENCE OF): DUENCE OF): TH YES [E OF DEATH (C) DOA 4 28b. TIME OF NJURY	NO Leck only one Sec. IN Nursing Ho	UNO	given in	1 Pert I. 24 1 S Other (S 28d, DESCR	Ia. WAS AN. PERFOR YES 2 C	NO NJURY OC	CCURED	b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH?
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ETED BY PHYSICIAN: MEDICAL	PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other DEATH DID TOBACCO USE 25. WAS CASE REFERRED TO MEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 6 Co 4 Homicide 1 CERTIFICATOR Check only 1 CERTIFICATOR CONTROL OF CERTIFIER (Check only 1 CERTIFICATOR)	CONTRIBUTE TO CAREDICAL HOSPITAL: 1 Impattent 2 28e. DATE Of (Month, if yearligation auld not be termined) VING PHYSICIAN: To the best of the contribution of th	OF INJURY — At ho	DUENCE OF): DUENCE OF): DUENCE OF): TH YES E OF DEATH (CF DOA 4 28b. TIME OF NJURY me, farm, street,	NO Leck only one per R: Nursing Ho 28c. In A 1 fectory, offi	UNION S IN SURVEY AT YES 2 Ica	given in	1 Part I. 24 1 1 28d. DESCR 28d. DESCR 28f. LOCATI City or ie to the cause e time, date en	Ia. WAS AN. PERFOR YES 2 Specify) HBE HOW II ON (Street a Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Rural	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 3 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant MALIGN DID TOBACCO USE 25. WAS CASE REFERRED TO NEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per EXAMINER? 2 Accidant Inv 3 Suicide 6 Code 29. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OIL	CONTRIBUTE TO CAREDICAL HOSPITAL: 1 Impattent 2 28e. DATE Of (Month, it) wild not be remined YING PHYSICIAN: To the best of the care of the c	OR AS A CONSECTION OF INJURY — At ho, etc. (Specify) of the property of the p	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): TH YES [E OF DEATH (Cr DOA 4 28b. TIME OF INJURY The farm, street, street, street, investigation, in	NO Less the section of the section o	UNION TO THE BOOK	given in	1 Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ia. WAS AN. PERFOR YES 2 Specify) HBE HOW II ON (Street a Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Rural	b. WERE AUTOPSY FINDINGS ANALABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and menner se stated.
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant MALIGNO DID TOBACCO USE 25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident 3 Suicide 6 Co 4 Homicide det 29e. CERTIFIER (Check only One) 2 MEDICA	CONTRIBUTE TO CAREDICAL HOSPITAL: 1 Impattent 2 28e. DATE Of (Month, it) wild not be remined YING PHYSICIAN: To the best of the care of the c	OR AS A CONSECTION OF INJURY — At ho, etc. (Specify) of the property of the p	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): TH YES [E OF DEATH (Cr DOA 4 28b. TIME OF INJURY The farm, street, street, street, investigation, in	NO Less the section of the section o	UNION TO THE BOOK	given in CERTAl CERTAl NO	1 Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ia. WAS AN. PERFOR YES 2 Specify) HBE HOW II ON (Street a Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Rural	b. WERE AUTOPSY FINDINGS ANALABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and menner se stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant MALIGN DID TOBACCO USE 25. WAS CASE REFERRED TO NEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per EXAMINER? 2 Accidant Inv 3 Suicide 6 Code 29. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OIL	CONTRIBUTE TO CAMEDICAL HOSPITAL: 1 Impattent 2 28e. DATE Of (Month, 1) 28e. DATE Of (Month, 1) 28e. PLACE of building the learning of the learning o	OF INJURY At ho	DUENCE OF): DUENCE OF): DUENCE OF): BUILDING IN the Company of the Course of the Co	NO Leck only one seek only one seek only one seek Nursing Ho 28c. I W 1 1 fectory, offi	UNION TO THE STATE OF THE STATE	given in CERTAl Rasidence No	S Other (S 28d, DESCRIPTION OF 1 to the cause of time, date on JMBER 3	Ia. WAS AN. PERFOR YES 2 Specify) HBE HOW II ON (Street a Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Rural	b. WERE AUTOPSY FINDINGS ANALABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and menner se stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant MALIGNY DID TOBACCO USE 25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co 4 Homicide 6 Co 296. SIGNATURE AND TITLE OI 30. NAME AND ADDRESS OF P	CONTRIBUTE TO CAREDICAL HOSPITAL: 1 Impattent 2 28e. DATE Of (Month, Impattent) 28e. PLACE obliding to be learnined YING PHYSICIAN: To the best of the company of	OGRAS A CONSECTION OF INJURY — At ho, etc. (Specify) The paramination and/or live of DEATH (ITEL OGRAS A CONSECTION OF INJURY — At ho, etc. (Specify)	DUENCE OF): DUENCE OF): DUENCE OF): BUILDING IN the Company of the Course of the Co	NO Leck only one seek only one seek only one seek Nursing Ho 28c. I W 1 1 fectory, offi	UNION TO THE STATE OF THE STATE	given in CERTAl Rasidence No	S Other (S 28d, DESCR	Ia. WAS AN. PERFOR YES 2 Specify) HBE HOW II ON (Street a Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Rural	b. WERE AUTOPSY FINDINGS ANALABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and menner se stated.

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1 -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE	JF DEAL	T	REG. N		3.	TIME OF DEATH
	Margaret Jayne	Ellett				1	February	25, 1	996 6	40 A.
	4, SOCIAL SECURITY NUMBER 5. SEX		s. last birthday)	IF UNDER 1 YE	AR IF UNDER	B.EED.	MARCH 4 HOAR)		8. BIRTHPLA Country)	CE (State or Foreign
	410-40-2084 1 D M		YRS.	months b	HOURS		May 1, 1	926	Tennes	ssee
~	9e. FACILITY NAME (If not institution, give street end no				WN OR LOCATIO	ON OF DEA	ТН	111.0074 2.0000	TY OF DEAT	
DIRECTOR	Anne Arundel Medical	Center		Anna	polis			Anne	Aruno	lel Coun
9	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				104	1. INSIDE CITY LIMITS?
ā	Virginia Nottoway	County	Cr	ewe					1 (YES 2 NO
Z	10e. STREET AND NUMBER			_	10f. ZIP CODE			tog. CITIZ	ed Sta	COUNTRY?
FUNERAL	Route 1, Box 1540				2393			of A	nerica	3
	1 Never Married 2 Merried FORG	DECEDENT EVER IN U.S	NO	If yo	e, specify Cuber	n, Mexicen,	ORIGIN? (Specify Puerto Ricen, etc.)	Yes or No-		American Indian, hite, etc.
B	3 ₩ Widowed 4 □ Divorced	S, GIVE WAR OR DATES	•	1 10	YES 2 XNO	Specify:			Whit	ce
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	DECEDENT'S	USUAL OCCU	PATION or most of working	a	16b. KIND OF	BUSINESS/INDI	JSTRY	
	Elementary/Secondary (0-12) College	(1-4 or 5+)			ng most of working					
₹	12		Me	rchant		Soul		ail Sa	les	
	17. FATHER'S NAME (First, Middle, Lest) William R. Wilson						T. Brown			
BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (St			ute Number, City or		Code)	
임	Patricia Thomas Milto	n					derickst			06
	20a. METHOD OF DISPOSITION 1Å Burlel 2 ☐ Cremetion 3 ☐ Removal from	20b. PL/	ACE AND DATE	OF DISPOSITIO				LOCATION - C		
	4 □ Donation 5 □ Other (Specify) Wards Chapel Cemetery 1996 Crewe, Virgi									nia
	21. SIGNATION OF FUNERAL SERVICE LICENSEE #M00690 22. NAME AND ADDRESS OF FACILITY Jennings-McMillian Funeral Home									
	200 West Carolina Avenue, Crewe, Virginia									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate									
	shock, or heart failure. List only one cause on each line.									Onset and D
	immediate cause (Final disease or condition resulting in death) a. Legeth Arcost Due to use as a conscouence of: Legeth Arcost Due to use as a conscouence of: Arcost Due to use as a conscouence of:									niny
	DUE TO (SA AS A CONSCOUENCE OF):									474
S	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF).									10/1
A	If any, leading to immediata cause. Enter UNDERLYING	2.					2no.			
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE O	F):			~			
田	reaulting in death) LAST									
1	PART ii. Other significant conditions contrib	uting to death but a	not resulting	in the under	rlying cause g	jivan in F		AN AUTOPSY	24b. WE	RE AUTOPSY FINDI
EDICAL								ORMED?	CO	MILABLE PRIOR TO
								N. W.		DEATH?
N.	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF I	DEATH YI	ES NC	UNC	ERTAIN	X			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEA		one)					
YSI	1 YES 2X NO 1 X Inpa	itient 2 ER/Outpatie	nt 3 🗆 DOA	OTHER:	Home 5 🗆 Ra	eldence 8	Other (Specify)			
T	27. MANNER OF DEATH 28e 1 X Natural 5 Pending	(Month, Day, Year)	28b. TIN	JURY	c. INJURY AT WORK?		28d. DESCRIBE HO	W INJURY OCC	URED	
B	2 Accident Investigation	PLACE OF INJURY —	Af home form		YES 2	NO	28f. LOCATION (Stre	at and blomber	or Duni Da	a Number
9	3 Suicide 8 Could not be 4 Homicide datermined	building, etc. (Specify)	on invented, testilli,	onest, ractory,	STIFE.		City or Town, St.		or moral mout	e ivannous,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To 1	he heat of my knowledge	e death occur	ad at the time	data and place	and due t	o the course(s) seed	nanner so st-t-	wd	
JMP.	(Check only one) 2 MEDICAL EXAMINER: On the									d menner ee statr
	29b. SIGNATURE AND PITLE OF CERTIFIER				-	ENSE NUM		77-7		onth Day, Year)
H	Y Cr	-			D	38	303	>	2/25	196
					1-4-6				1	
2	30. NAME AND ADDRESS OF PERSON WHO COMPL	TED CAUSE OF DEATH	(ITEM 27) (Typi	, Print)	1 .					
0	30. NAME AND ADDRESS OF PERSON WHO COMPLI	CHULTH	My Citem 27) (Type	n, Print)	AAM.	_	5/ 12	mKLI	05	T An

and well in the second

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumadic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGI			
	DECEDENT'S NAME (First, Middle, Last) KENNE	TH WALT	ER FOX			2. DATE OF DEATH MONTH February	DAY	YEAR	9:35 P.M
		M 2 DF	74 YRS. MC	HITHS DAYS	HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year Aug. 8,]	921	Mary	land
TOR	Frederick Memori				lerick	- All		deric	
DIRECTOR	10a. STATE 10b. COUNTY	Frederick	10c, CITY, 1	OWN OR LOCAT	on Walk	ersville			IOd. INSIDE CITY LIMITS? VES 2 NO
	100. STREET AND NUMBER 125 East Fou	rth St.		101	ZIP CODE 21701			izen of wh	IAT COUNTRY?
BY FUNERAL		. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES		city Cuben, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yea or No-	14. RACE -	- American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 8th	ON	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Mill Wr	SUAL OCCUPATION Red done during monotired.)	N It of working		Business/ini		Pro I
BE COM	17. FATHER'S NAME (First, Middle, Last) WARRE	N G. F	OX		18. MOTHER'S NA ELSIE	ME (First, Middle, Mail MAE	den Sumame) WENZE	L	0.0
TO B	190. INFORMANT'S NAME (Type/Print) IDA MARIE FOX					Route Number, City or rederick,			21701
	20s. METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cen	p. PLACE AND DATE OF the count Olive	DISPOSITION (Na	me of	DATE 20c	LOCATION —	City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		oure office	22. NAME AN	D ADDRESS OF FA	STAUI	FER F	UNERA	L HOME ,Md.21702
CERTIFICATION	23. PART I. Effer the diseases, or compand to the condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):			Cal		reat,	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of					1 TYE	S AN AUTOPSY FORMED? S 2 X NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN:		OSPITAL:	28. PLACE OF DEATH	(Check only one)			****		
BY PHYS	1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OF 28c. INJ	URY AT RK?	6 Other (Specify) 28d. DESCRIBE HO	OW INJURY OC	CCURED	
	3 Suicide 6 Could not be datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, atre	eet, factory, offic		281. LOCATION (St. City or Town, S		or Aural Ac	oute Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL CKAMINER: C								and manner as stated.
BE	29b. Stolatur apply of CERTIFIER	er, 1	и.Д.		29c. LICENSE NU D 095				Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C		eath (ITEM 27) (Type, Pl r / 186 Th		ohnson D	r./ Frede	rick,	Md.	21702
	31. DATE FILED (MONTH, Day, Year) MAR 0 1 1996	32. PEGISTRAR'S SIGI	NATURE ON RONDALL						

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Lust)								2. DATE O	F DEATH DA		YEAR	3. TIME OF DEATH
	HERBERT 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SE	BER	HARRIS s. sex	6. AGE (In yrs. I		CHER IF UNDER	t YEAR	IF UNDE	R 24 HRS.	03	O4		96	1015 M
	467-26-832	5	1 🖳 M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Novemb	Day, Year)	1926	Country)	xas
_	Sa. FACILITY NAME (If not in				III X	9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF DEA	ATH
2	Peninsula		al Medica	1 Cent	er		Sali	sbur	У			W:	icomi	co
IREC	10a. STATE Maryland	10b. COUNT	omico		10c. CIT	Y, TOWN (or Local			100				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		OMITCO			Ua.		ZIP COD	F			10a CITI		I YES 2 NO
EKA	27031 Pemb	erton	Dr.						801			- 12	JSA	AI COOKSATT
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X		A 100	If yes, sp		an, Mexica	NIC ORIGIN? In, Puerto Ric		or No—	14. RACE - Black, Specify. Whi	
ED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a. C	DECEDENT'S	USUAL O	CCUPATIO	ON set of words	laa	16b. K	IND OF BUS	INESS/INC		
COMPLETED	Elementary/Secondary (I		College (1-4 or 5 +)	Give kind of to Do NOT u wner/			St Or WORK	ny .	R	oofin	g Co.		
O.	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOT	HER'S NA	ME (First, Mic				-1-
BEC	Ernest Pe	rry F	incher					Mi	nnie	Elf	rieda	Go	ldbec	k
10 8	19a. INFORMANT'S NAME (1						Route Number				
-	ann W. Fine	cher			2703	l Per	mber	ton	Dr.,	Sali	sbury	,MD	2 180 1	
	20e. METHOD OF DISPOSIT 1 Buriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	ioval from State	camatery, c	EAND DATE rematory or o	other place)				3/5			City or Tow	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CEMBER /	1 - 0 - 1	55,027		NAME A	ND ADDRE	ss of FA				,	
	23. PART I. Enter the d	NO S	7. (Br	Orman			501	Sno	w Hi	11 Rd	., Sa	lisbu	ıry,M	D 21801
CERTIFICATION	IMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentielly list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuttat initiated events resulting in death) LAS	clona, diate ing	b. ARTE DUE TO	CARDIAL (OR AS A CONS PRIOSCLI (OR AS A CONS	EROTI EROTI EQUENCE O	P): C CAI P):		VASC	ULAR	DISE	ASE			Onset and Death MINUTES ? YEARS
MEDICAL	PART II. Other aignifice		d	death but not	reauiting	in the ur	nderlyin	g ceuse	given in	- 2	44. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF	DEATH (C/	eck only one)				
PHYSICIAN:	1 X YES 2 NO	WAL.	1 - Inpatient 2 X			4 🗆 Nur	rsing Hon		asidence	8 🗆 Other (
BY PH		Pending Investigation	28a, DATE OF (Month, Di		28b. TIN	ME OF JURY M		URY AT PRK? YES 2 [□ NO	28d. DEŞC	RIBE HOW II	NJURY OC	CURED	
		Could not be datermined	28s. PLACE Of building,	F INJURY — At I atc. (Specify)	home, farm,	street, fac	tory, offic	•			ION (Street a Town, State)	and Number	or Rural Ro	ute Number,
OMPLETED	0001		ICIAN: To the best of ER: On the basis of ex											end manner se stated.
ا د	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED (Month, Day, Year)
IO BE	Hugh Las (F PERSON WA	19,MO	ASSF.]	Depute	Mel	Ex.	D08	800	-44			3-05-	
			JR., M.D.	, 108 1	PINE		F RO	AD,	SALI	SBURY	, MD	2180	L	
	MAD	06 199	6 6	A SIGNATURE	P. 1 11									

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPART				IYGIENE BEG. NO.		00000
	1. DECEDENT'S NAME (First, Middle, Last) Milton J.	Fisher				2. DATE OF MONTH March	DEATH DAY	YEAR	:50 A M
	4. SOCIAL SECURITY NUMBER 222-14-8609	1 😿 M 2 🗆 F	(In yrs. last birthday) 71 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		,1924	a. BIRTHPL Country) DELA	ACE (State or Foreign AWARE
TOR	9a. FACILITY NAME (II not institution, give et Salisbury Nursing RESIDENCE OF DECEDENT		nter		bury, Md		WICO	MICO	TH
DIRECTOR	10a. STATE 10b. COUNTY	COMICO		TOWN OR LOC				1	Dd. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	346-17 PITTS ST	TREET		1	er. ZIP CODE 2185	0	10g. CIT		S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, DIVE WAR OR I	2 NO	If yes,	ECENDENT OF HISP/ specify Cuben, Mexic ES 2 X NO Spec	cen, Puerto Rica	Specify Yes or No— in, etc.)	Black, V Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S U. (Give kind of we life. Do NOT use OPERAT(ork done during i retired.)		16b. KI	HEAVY EO		NYT
BE COME	17. FATHER'S NAME (First, Middle, Last) THOMAS JAMES	FISHER	OPERATO	JK	77.7	IAME (First, Mick Y HUDS)	de, Malden Surname)	OTPME.	WI
TOE	19a. INFORMANT'S NAME (Type/Print) MILTON FISHER,	JR.					OME PARK,		19940 AR, DELAWAR
	20a. METHOD OF DISPOSITION \$\frac{1}{2} \Burlel 2 \Burlel Cremation 3 \Burlel Ramo 4 \Burlel Donation 6 \Burlel Other (Specify) \Burlel 21. SIONATURE OF FUNERAL SERVICE LICE	oval from Stata ce	PITTSVILI	er place) LE CEME		DATE 3/5	PITTSVI		
CERTIFICATION	23 PART I. Enter the diseases, or cashock, or heart failure. It IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS		eno :				rest,	Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant condition OMENTA PSYSUE DID TOBACCO USE CONTR	4 8/s				1	Le. WAS AN AUTOPSY PERFORMED? YES 2 NO	o o	VERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT						
BY PHYSI	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	7 28b. TIMI	Nursing H	DIME 5 Residence NJURY AT WORK? YES 2 NO		Specify)	CCURED	
E	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUS building, etc. (So	RY — At home, term, a secify)	treet, fectory, of	fica	28t. LOCATI City or	ON (Street and Numbe Town, State)	er or Rural Ros	ute Number,
COMPLET	TOTAL OTHY	CIAN: To the beat of my kno R: On the beals of examinat							and menner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1	ust Km		29c, LICENSE N	9813	29d, DA	S /	Month, Day, Year)
	31. DATE FILED (MORITI, Day, Veer) MAR () 4 199	.D.,1104 HEA	ALTHWAY DE		SBURY, M	d. 218	304		
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Pages 1, 2, 3 should DIRECTOR 10a, STATE permit. FUNERAL 10e. STREET AND NUMBER 0 the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Merried BY 3 Widowed 4 6 use as COMPLETED for page 5 should be detached notified at once. 2 a pe must funeral director, examiner the medical filled in by 8 the cremation. completely or other traumatic event, reaulting in death) executed with BOX 6876 burial. CERTIFICATION and the attending physician a Mental Hygiene prior to DR ATTENDING PHYSICIAN: The law requires that the death certificate be that initiated eventa DIVISION OF VITAL RECORDS, P.O. injury, PHYSICIAN: MEDICAL signed by the shows any been s Dept. 23 ltem! certificate I EXAMINER? the or 27. MANNER OF OEATN this ce with th marked, 1 M Natural BY After 1 death 2 Accident 69 3 Suicide DIRECTOR: A COMPLETED 4 Nomicide 28 Hem 29a. CERTIFIER TO THE HOSPITAL DO
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If its H 0

96 08359 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **GERTIFICATE OF DEATH** REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) MARCH 03,1996 0 M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birt IF UNDER 1 YEAR DAYS HOURS 1 M 2 F 1500 PIN hing a. FACILITY NAME (If not institution, give str 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DANDTOWN WINCHESTER NURSING AND KEHABILITATI BALTIMORE RESIDENCE OF DECEDENT IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY N9 1 YES 2 NO ON 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 200 U DOS 5 ac 11 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, DIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BIK 15. OECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade onday (0-12) College (1-4 or 5 +) Building Ng! NEER 17. FATHER'S NAME (First, Middle, Last) IR MOTNER'S NAME (First 120.2 N 19a. INFORMANT'S NAME (Type/Print) 5 Quac CNDOS CEN METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20e METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) uantico 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4804 GG, AVE N, W WASh D.C. 20011 0 23. PART I. Exter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition Cancer mela Huter from heny / Primor Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Bar{\cup} \) NO \(\Bar{\cup} \) UNCERTAIN \(\Bar{\cup} \) 26. PLACE OF DEATN (Check only one 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA Nome 5 - Residence 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY - At home, farm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Taylo State) 6 Could not be determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER 3 9 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 6 may be retained by the hospital or attending	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FUNERAL I within 72 h

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IMPORTANT: 1

96 08360 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 GROVE Noreen March 03 8:40 am Mae 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Dec 9, 449-01-4605 1 M 2 X F 85 Texas 1910 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY Maryland Maryland Frederick Frederick tX YES 2 ND 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7050 Catalpa Road 21703 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Married Specify: BY White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Henry NMI GROTE Daisy Maude DOSS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Manasses Jacob Grove 7050 Catalpa Road, Frederick, Maryland 21703 20e, METHOD OF DISPOSITION
1 & Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Olivet Cemetery Mar 6, 1996 4 Donetion 5 Other (Specify) Frederick, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respirate transfer. 106 East Church St, Frederick, MD 21701 Approximete shock, or heart feliure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final Attention Manufer 3/3/1996 disease or condition reaulting in death) Pulmonary Insufficency days DUE TO (OR AS A CONSEQUENCE OF) Pulmonary Edema CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Fracture Right Hip CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24h. WERF ALTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE Osteoporosis: C.O.P.D.; Hypertension: 1 YES 2 NO OF DEATH? Urinary Tract Infection 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
| Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1X YES 2 ND 4 Nursing Home 5 Residence 6 Other (Specify) 26b. TIME OF INJURY 715 p M 27. MANNER OF DEATH 28e. DATE DF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED sofa. Feb 23,1996 1 Natural Fell while getting up from 1 YES 2 X ND BY 2 X Accident 28a. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify)
7049 Catalpa Road (Neighbor) 281. LOCATION (Street and Number or Rural Route Number, 3 Sulcide 6 Could not be COMPLETED Frederick, Maryland 4 Homicide 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of examination and in the cause(e) and more one)

3 MEDICAL EXAMINED: On the base of examination and in my strength of the cause of examination and in the ca 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, dash occurred at the time, date end place,

Shao-Huang Chiu, M.D. 187 Thomas Johnson Drive, Frederick, Maryland 21702 31, DATE FILED (Month, Day, Year)

29c. LICENSE NUMBER

D15681

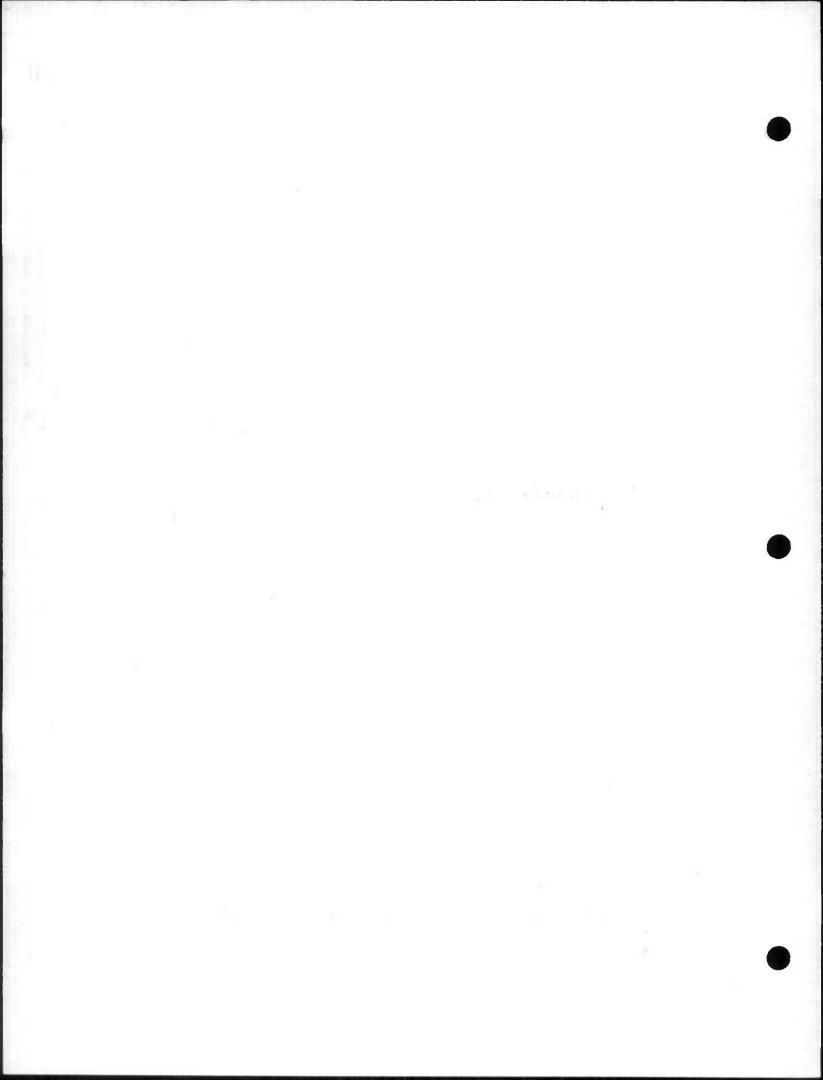
32. REGISTRAR'S SIGNATURE MAR 06 1996

29b. SIGNATURE AND TITLE OF CERTIFIE

Geo. Hvac

29d. DATE SIGNED (Month, Day, Year)

March 3, 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

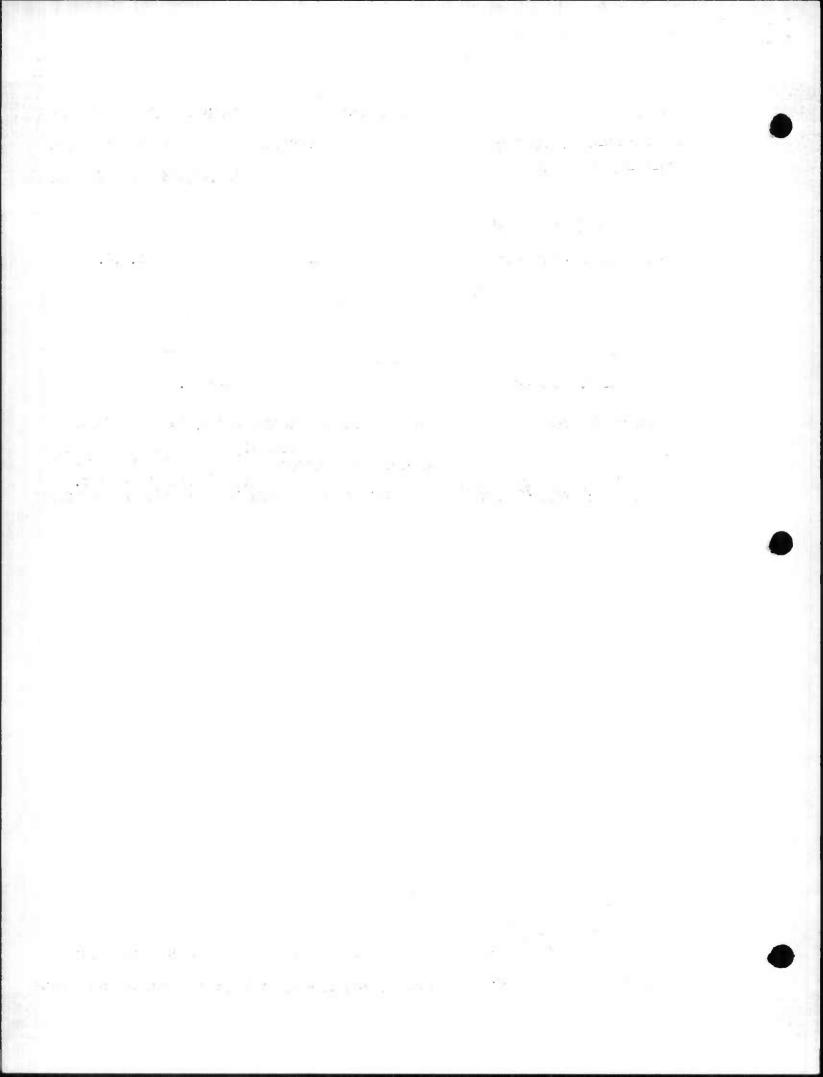
State of Maryland / Department of Health and Mental Hygiene 96

_					(Certificate		incinal riy	Reg. No.	08361			
	Physici	an	Decedent's Name (First, Middla, Last, Manack	·		Conn		2. Data of Dea	Day	3. Tima of Death			
4	/Medi	cal	Marsh 4a. Facility Name (If not institution, giva		ıne	Gree		March r Location of Death		996 10:30 PM			
7	Examir	ner	Frederick Memor		1		Frederi			ederick			
h	Funeral			x 7. Age (In yrs.		(funder 1	Yaar If Undar 24 Hi	s. 8. Data of Birt	h Vaari	Birthplace (Stata or Foreign Country)			
	Director		213-12-3127	MM 2□F 86	Yr	s. Months	Days Hours Mi	July 28	, 1909 N	Saryland			
	and **		Usual Residence of Decedent 10a. State 10b. County	10c. Cit	v. Town	or Location				10d. Inside City Limits			
	Maryl	lor	Maryland Frederick		rmont					1 □ Yas 2 No			
	r 28e	rec	10e. Street and Number	C IIIUI	LIIOIII	10f. Zip C	oda		10g. Citizen of W	nat Country?			
	th wit	aiD	5245 Wigville Road	1		2	1788		United	States			
21215-0020	s within 72 hours after death with the Maryland ilene. Then "natures", or items 23s or 28s-f show the Modes Examines from the notified at	by Funeral Director	11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Ever In U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates:	,S.	13. Was Deceder If Yas, specify 1 \(\subseteq \text{ Yes} \)	nt of Hispanic Origin? y Cuban, Mexican, Pus I No Specify:	(Specify Yes or No- into Rican, atc.)	14. Race Black Specify:	- American Indian, , Whita, atc. White			
5-0	72 h	etec	15. Decedent's Edu (Specify only highast grad		16a. D	ecedant's Usuai (Giva kind of work	Occupation dona during most of w retired)	orking	16b. Kind of Bus	iness/Industry			
121	within one. then	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)			retired)	7.	Orchai				
9	The Tr		17. Father's Name (First, Middle, Last)		Lai	orer	18. Mother's N	eme (First, Middle,					
ılan	V 5 5 9	To Be	George	Green			Flore	nce	Lewis				
Maryland	2 8 8 2		19a. Informant's Name/Relationship (Ty	rpe, Print)	19b. N	Mailing Address (S	Street and Number or I	Rural Route Numbe	or, City or Town, S	itate, Zip Coda)			
	百事にこ		Earl B. Green / so				Road, Thu						
Jore	9 5 -		20a. Method of Disposition 1	Ramovai from State	Place of D sematary,	isposition (Nama cramatory or othe	ar place)	Date		- City or Town, State			
Baltimore,			4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice License	1101	Bet	hel Ceme		3/7/96	Foxville	, Maryland			
Ba	permit. Departments Imports any Inju		21. Signature of Futieral Sarvice License	11. 1		Stauffer	Address of Facility Funeral H						
	-		23a, Part1. Enter the disease, or compil	Ications that caused the death	7	104 East	Main Stre	et, Thurn	nont, Man	yland 21788 Approximata			
V	Physician		23a. Part1. Enter tha disaase, or compli shock, or haart failure. List only or	ne cause on each line.						Interval Between Onset and Death			
4	/Medical		Immediate Cause (Final disaasa or condition	Centrali	1 1	heart	tailers			486.			
	Examiner		resulting in death)	Immediate Cause (Final disease or condition resulting in death) a. Central that tarks a consequence of):									
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-6	al-tra	Exar	Sequentially list conditions, if any, laading to immediate										
68760,	tificata be executed g physician and as the burial-transit	call	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that intilleted events rasulting in death) Last	Due to /o	r as a cor	nsequance of):							
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Box	attendin for usa	lan/		1						!			
0	it the death ce by the attendir tached for use	Physician/Medical	Part II. Other significant conditions con	tributing to death but not resu	uiting In th	ne underlying cau	se givan in Part I.	23b. Dld t	obacco use cont	ribute to the cause of death?			
0	ed by detac		Preumenie					10'	res 2□No	3 Probably 4 Unknown			
of Vital Records,	requires that been signed b hould be dete	d by						24a. Was	an autopsy	24b. Were autopsy findings			
00	w require been si should	lete						perfo	med?	available prior to completion of cause of death?			
Re	The law ate has b page 2 s	Completed						10)	as IDNo	1 ☐ Yes 2 1 No			
ital		BeC	25. Was case referred to medical				26. Piace of D	eath (Chack only o		12,160			
	0 m	To	axaminer? 1 ☐ Yes 2 X No	lospital: 1 Inpatient 2	ER/Outp	atient 3 DOA	Other	Homa 5 ☐ Rasio		(Specify)			
o u	aling Ph h. After th funeral		27. Manner of Death 1 → Natural 5 → Pending	28a. Data of Injury (Month, Day Year)	28b. Tim Inju		. Injury at Work?	28d. Dascribe h	ow Injury occurre	d			
Sio	Attending or death. ector: After by the fune	Certification:	2 Accident investigation 3 Sulcide 6 Could not be	CO. Discontinuo		M	1 Yes 2 No	Oof Leasting (6	Name of the last o	S - 1 S - 1 S - 1			
Division	or Attendation of Director:	ertif	4 ☐ Homicide determined	28e. Place of injury - At he building, etc. (Specify	me, rarm	, street, factory, o	опісе	City or Tow		r or Rural Routa Number,			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	(Check only 2 Madical Examin	nician: To the best of my knowner: On the basis of examinat	wiedge, d	eeth occurred at or Investigation, in	the time, date and place my opinion, deeth occ	ce, and dua to the coursed at the time,	cause(s) and man date and place, ar	ner as stated. nd due to tha cause(s)			
	vithin 2 To the comple	Mec	29b. Signatura and the of certifiar	and mannar stated.		29c. L	icansa number		29d. Date signed	(Month, Day, Year)			
	- s - ö		land And	la la			271	17	14/51				
			30. Name and address of person who co	empleted cause of death (Item	23a) (Tv	pe, Pgint)		()	1110	/			
			Haid HALVEY	1 1 1	475	- teines	au.	fred er	en in	12174			
State 31. Date flied Morlith, Day, Year) 32. Registrar's Signatura Registrar MAR 0.6 1996							MAD OC 4000						

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				State of Mary		tment of F ficate of		Mental Hy	rgiene 9	6 08362	
	Physic /Medi			DANIEL	GES	UERO		2. Data of Do Month MARCH	Day 0,2,199		
	Examin Funeral Director	ner	4a. Facility Nama (If not institution, give 8500 DANGERFIEL 5. Social Security Number 579-58-4684 6. Security Number 11.	D ROAD			4b. City, Town, or CLINTON If Undar 24 Hrs Hours Min	8. Date of Bi	PRINC:	of Death E GEORGES 9. Birthplace (State or Foraign Country) Washington, DC	
	anylend show	-	Usual Residence of Decedent 10a. Stata 10b. County	10	c. City, Town or Local	tion		, ray , r	10d. Inside Cit		
	with the M a or 28a-f Les notting	Director	Maryland Prince (10e. Street and Number		Clinton	10f. Zip Code	2.5	Pi	10g. Citizan of W		
020	72 hours efter death with the Maryland naturel', or ferms 23s or 28s-f show diest Examinet must be incitited at	by Funeral	8402 Dangerfield 11. Marital Status 1 Navar Married 2 Married 3 Widowad 4 Divorcad	12. Was Decedant Evar Armed Forcas? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Datas:	II Y	207 s Dacedant of Nes, specify Cub	35 dispanto Ortgin? (S an, Maxican, Puar Specify:	Specify Yes or Note of Rican, etc.)	o- 14. Raca	S.A. a - Amarican Indian, k, Whita, atc.	
Maryland 21215-0020	yiene.	Completed	15. Decedant's Edi (Specify only highest grad Elamantary/Secondary (0-12) 12th	ucation de completed) Collega (1-4or 5+)	(Giva kin	NOT use retire	during most of wa	orking	16b. Kind of Bu	sinass/industry	
yland	a la b	To Be (17. Father's Nama (First, Middla, Last) Pasquale V. Gest	iero		3	18. Mothar's Na	ama (First, Middla, Maldan Sumama) Lanie M. Long			
, Man	od 2 sho ith end it is m treum		19a. Informant's Name/Relationship (7) Vincent Gesuero	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1222 P	iscataw	ay Road	Clinton.	per, City or Town, s	nd 20735	
Baltimore,	t. Peges rtment of rtant: If it		20a. Mathod of Disposition 1XXBurlal 2 □ Cramation 3 □ F 4 □ Donation 5 □ Other (Specify)		11000000000	COIL COM	CCCCG			City or Town, Stata On, Maryland	
Bal	Depar Impor any Ir		21. Signature of Fluneral Service Liceus	AST	663		lexandri	a Ferry		ne, Inc. ton, Md 20735	
	Physician /Medical Examiner	23e. Fair. Enter the disasse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, inc., or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) a. Due to (or as a consequence of):									
68760,	icate be executed physician end s the burial-transit	dical Examiner	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last	c	to (or as a consequate to (or as a consequate						
Box 68	certifi ding use es	w		d							
P.0.	es thet the deeth igned by the etter be deteched for t	/ Physician/M	Part II. Other significant conditions con	ntributing to death but no	t rasulting In tha unda	rrying causa giv	an In Part I.	_		stribute to the cause of death?	
Records	ew requir	Completed by							an autopsy omed?	24b. Were eutopsy findings available prior to completion of cause of death?	
Vital	Pag es	Be Col	25. Was case rafarred to medical axaminer?				26. Placa of De	ath (Check only	Yas 2□No one)	1 SYes 2 □ No	
Division of V	ing Phys I. After this funeral di	Certification: To E	1 X Yas 2 No 1 27. Manner of Death 1 Natural 5 Panding invastigation 3 Suicide 6 Could not be	28a. Data of Injury (Month, Day Yea 3 - 2 - 9	16 9.30	28c. Injui Wor M 1	4LI Nursing I	28d. Describe		nck by futte	
Divi	PHI		4 Homicide datamined	28a. Place of Injury - building, atc. (Sp. Oct.)	dway		no data and slave	8500	Dungerf	or or Rural Routa Number,	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Medicai		nar: On the basis of exar and manner stated.			pinion, death occi		data and place, a	and dua to the causa(s)	
	T W P 8	_	A STATE OF THE STA	1 LL		O.C.			MARCH () 3 , 1996	
			30. Name and addrass of parson who co	omplated cause of death		nt)		altimor		yland 21201	
9	Sta Registr		31. Data filed (Month, Day, Year) MAR 1 3 19	32. Registrar's S			•				



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

ВҰ

COMPLETED

BE

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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

표분 223

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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DA	DIR.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Her
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96 08363 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 05P,M reen narch 96 8. BIRTHPLACE /State 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR DAYE HOURS 8 40-YRS January Somerse Se. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH ate. 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 2 NO 10e. STREET 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 83 6 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Guban, Maxican, Puarto Rican, etc.) WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRO dany (0-12) College (1-4 or 5+) a min 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surnam 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION n. State 21. SIGNATURE OF FUNERAL SERVICE MCENSES 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onagt and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) Sequentistly liet conditions, if sny, isoding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO DF DEATH? 1 TYES 2 NO

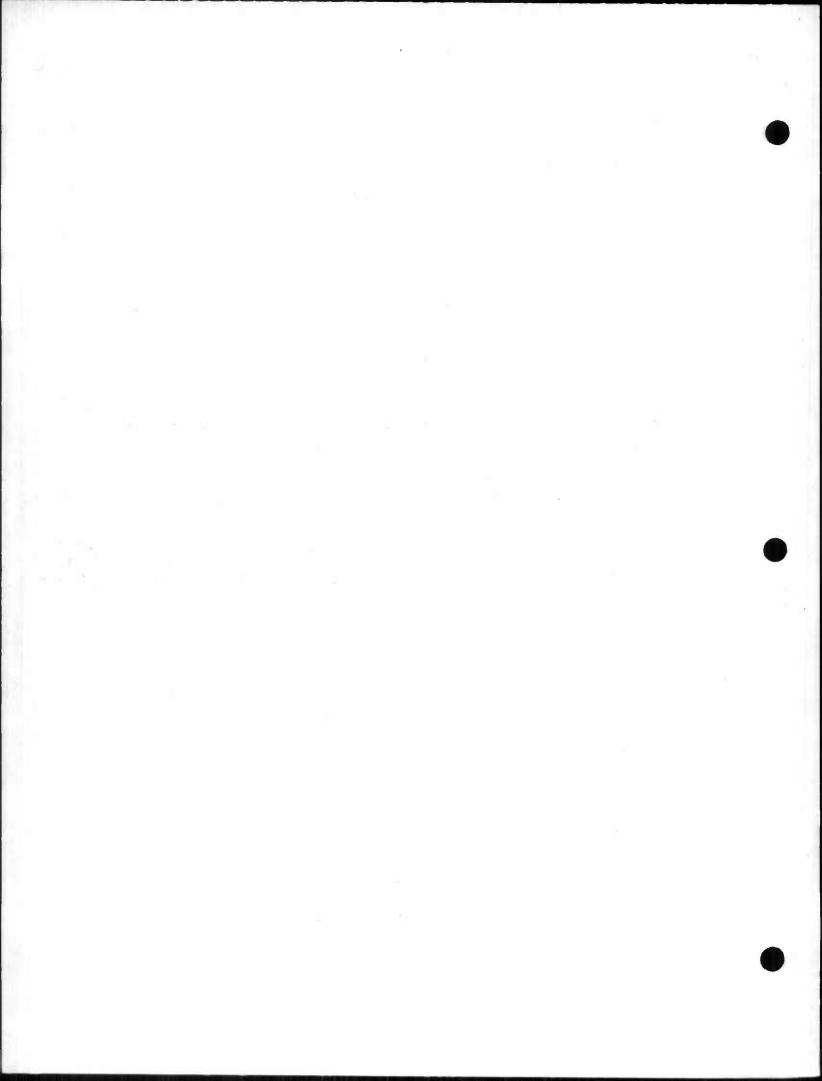
DID TOBACCO USE CON	ITRIBUTE TO CAUSE OF DEATH	H YES INO IN UNC	ERTAIN 🗆									
25. WAS CASE REFERRED TO MEDICAL	26. PLACE	28. PLACE OF DEATH (Check only one)										
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA 4 Nursing Home 5 Ra	sidence 8 🗆 Other (Specify)									
27 Netural 6 Pending Investigation	(Month, Day, Year)	28b. TIME OF INJURY AT WORK? M 1 YES 2	28d. DESCRIBE HOW INJURY OCCURED NO									
3 Suicide 6 Could not		a, farm, street, factory, offica	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)									

29a. CERTIFIER ERTIFYING PHYSICIAN: To the best of my

ND TITLE OF CENTIFIER 29 LICENSE NUMBER

OF DEATH (ITEM 27) /506

21817 CRISFIELD, MD. JAMES 320 W STERLING, M.D. MAIN ST., MAR 11 1996 32. REGISTRAN'S SIGNATURE



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

		1. Decedant's Neme (First, Middla	Last)					2. Date of Deel	h		3. Tima of D
Physic		Corese S.						Month	Day 2,199	Year	3:07
/Medi Exami		4a. Facility Nama (If not Institution,)	·		4b. City, Town, or L	-	4c. County		3:07
Exami	ner										
Funeral	_	Doctor's Comm 5. Sociel Security Number	6. Sex 7. A	a (In yrs. lest birth		er 1 Yaar		8. Data of Birth (Month, Day,	Princ	e Ge	orge '
Director		169-22-9935 Usual Rasidence of Dacedant	1 M 20 F		rs. Months	Days	Hours Min.	(Month, Day, 9 / 2 / 2	Year)	Penn	ace (Siete or F ry) sylva:
yand Now		10a. Stata 10b. County		10c. City, Town	or Location					10	d. Inside City
The Table	io	Md. Prin	ce George	's La	andove	r		10			
23a or 28	Funeral Director	10e. Street end Number 7752 Burnsi	de Rd.			p Coda 2078	35	1	0g. Citizen of V		try?
illed within 72 hours efter death with the Meryland Hygiane. ther than "natural", or flams 23a or 28e-f show ort, the Medical Examinet must be notified at	by	11. Maritel Stetus 1 Nevar Married 2 Marrie 3 XWidowed 4 Divorced	12. Wes Decedant Armed Forces? 1 Yes 2 If Yes, Give Yaar or Dates:				Ilspenic Origin? (Sp an, Maxican, Puerto Specify:	pecify Yas or No- Rican, etc.)		e - Amarica ck, Whita, a v: Bl	
72 h	eted	15. Decedent' (Specify only highest	Education	18e. [Dacedant's Usu	al Occup	etion during most of worl d)	ina	16b. Kind of Business/Industry		ustry
within 72 ho plane. r than "nature the Medical	Completed	Elamantary/Secondery (0-12)	Collega (1-4or	5+)	lifa. DO NOT	ise ratire	d)	ang			
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	10	Edward F	obert Gra	ves			Laura	Mondo	n		
1 and 2 should Health and Mer em 27 la marke Wher traumatic		19a. Informant's Name/Relationsh Paulette S. F		Dau. #	1 St	ator				or Town, Stata, Zip Coda)	
nent of int: If it iry or o		20e. Mathod of Disposition 1 M Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of cemetary, crematory or other place) Ft. Lincoin 6 M Brentwood, M									
permit. Peg Depertment Important: If any injury o		21. Signeture of Funaral Sarvice L	censee	_	22. Name a H . S 492	nd Addre . Was 5 Bu	ss of Facility Shingtor arroughs	& Son	s,Inc.		
Physician /Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)	a. Motosto	Ne Ca Due to (or as a co	es hic	6	arar				Onset and De
	9		1:10	,							
	an/Medical Examiner	Sequantially list conditions, if any, laading to immadiata cause. Entar Undartying Cause (Disaase or injury that initiated events rasulting in death) Last	c. Hera	Due to (or as a co	enash	ph	early				
	edicai	trial initiated events	c. Hera	Due to (or as a co	CA CYSE	o Cu		23b. Did to	becco use co	ntributs to	the cause of
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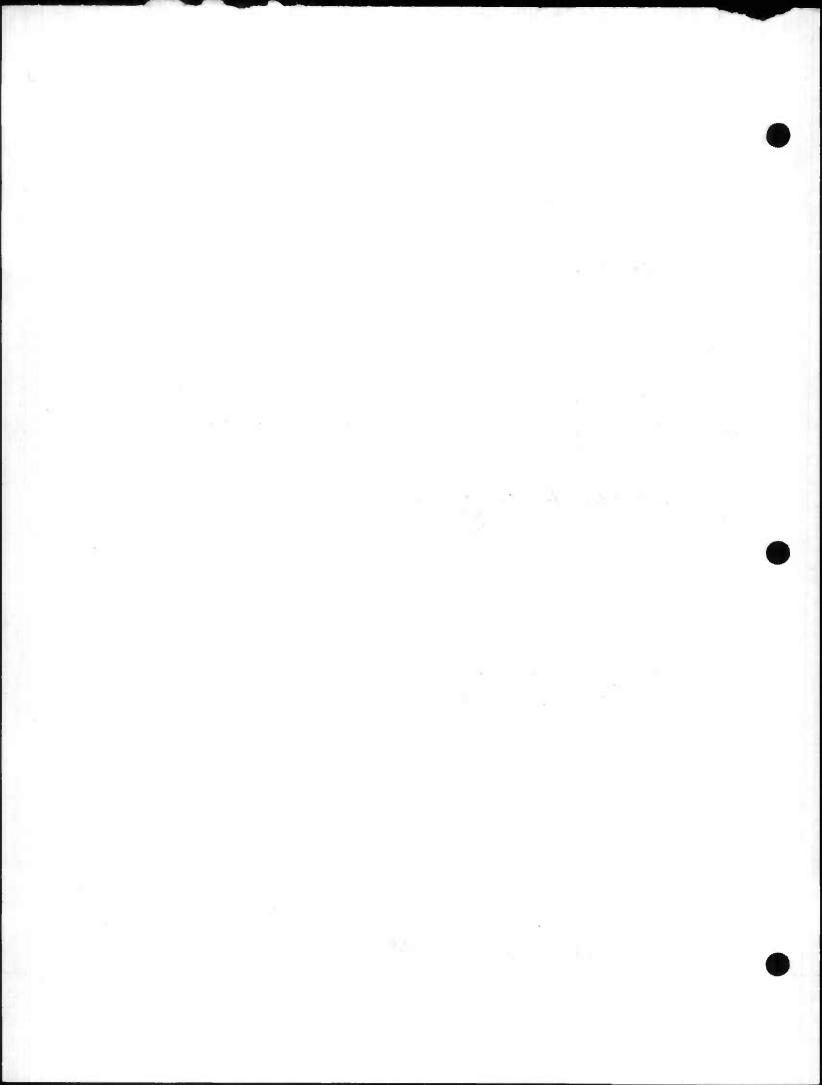
DIVISION OF VITAL RECORDS, P.O. BOX 6876

5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

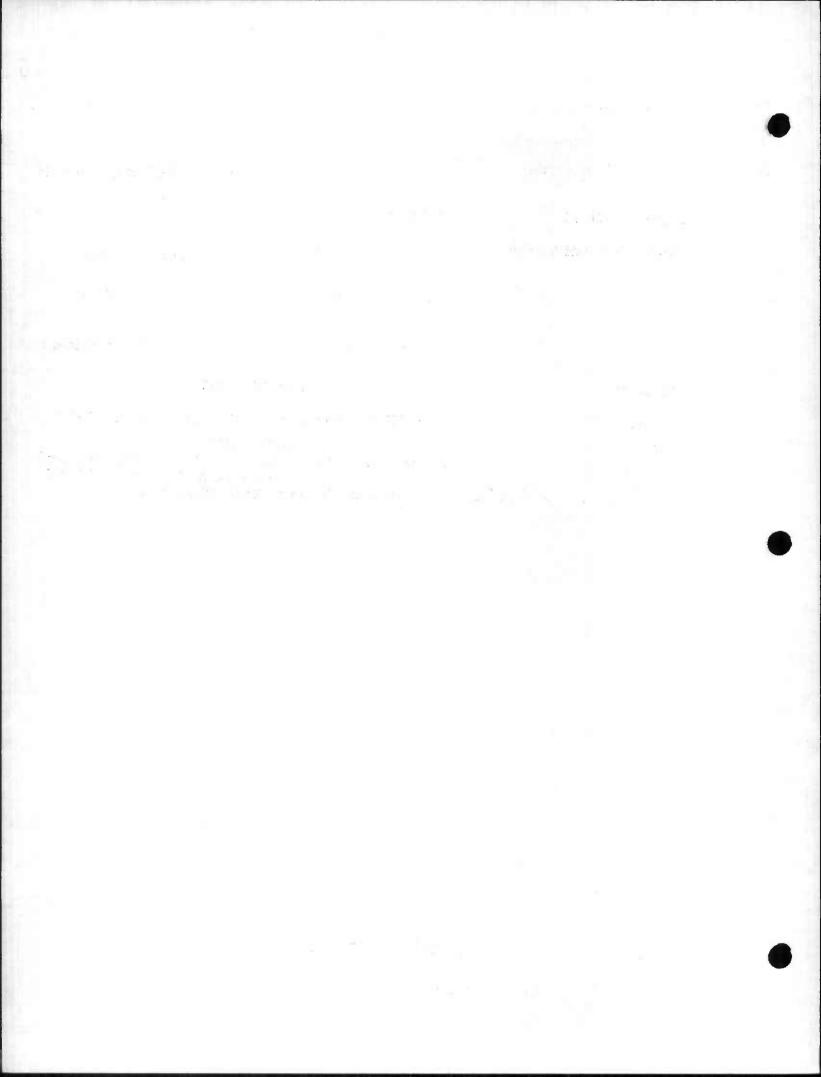
	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.		0 00000			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	NELLE RA	AE G	SOSNELL			February 26,		11:55 A M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6, BIR	ITHPLACE (State or Foreign			
	220-26-4047	1 M 2 😾 F	2 YRS.	MONTHS DAYS	HOURE MIN.	(Month, Day, Year) March 7, 1903	100	(arvland			
	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	laryland FOEATH			
DIRECTOR	817 Kearney Kour			Salis			Wico				
EC	10s. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	MON		10d. INSIDE CITY				
E	Maryland Wid	comico		Salisbur	·v		LIMITS?				
	10e. STREET AND NUMBER				I, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	817 Kearney Kourt	t	21801					USA			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER						ACE - Amaricen Indian,			
	1 Never Married 2 Married	FORCES? 1 YES		If yea, ap		eck, White, etc.					
ВУ	3 Widowed 4 Divorced					White					
COMPLETED	15. OECEDENT'S EDUC	ATION completed)	16a. DECEDENT'S	ork done during me	ON ost of working	16b. KIND OF BUSI	NESS/INDUSTRY	'			
	Elementery/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT us	retired.)							
MP	12	0	Clerk			Retail					
8	17. FATHER'S NAME (First, Middle, Last)	5.				ME (First, Middle, Meiden S					
BE	George	Baker			Susan		ichards	011			
2	19s. INFORMANT'S NAME (Type/Print)	State, Zip Code)									
	Althael Goshell 617 Realitey Roult, Salisbury, MD 21001										
	20a. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of cemelery, crematory or other piece) 20b. PLACEAND DATE OF DISPOSITION (Name of cemelery, crematory or other piece) 20b. PLACEAND DATE OF DISPOSITION (Name of cemelery, crematory or other piece)										
	4 Donation 5 Other (Specify) Parsons Cemetery 3/1 Salisbury, MD 21. SIGNATURE OF PARL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	21. SIGNATURE OF THE SERVICE LICE	201				uneral Home	e				
	wom the	Lowa	7			ill Rd., S.		y,MD 21801			
	23 PART I. Enter the diseases, or co	omplications that course on	d the deeth. Do n	ol enter the me	ode of dying, suc	h es cardiac or respir	atory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Fine)										
	disease or condition resulting in death)		NO SU	Hee	CHI			yames			
		OUE TO (OR AS	A CONSEQUENCE OF	7:							
N	Sequentially list conditions, b. Dur. 20 (00 40 4 course)										
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF);							
E I	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	n:							
Ē	that initiated eventa resulting in death) LAST			,-							
CERTIFICATION	- 0										
AL	PART II. Other aignificent conditions Scar except	contributing to death	but not resulting i	n the underlying	g ceuse given in	Part I. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
8					681	1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH?			
ME	Possible	Curto C				_		1 YES 2 NO			
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE (_	ND					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:							
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Out	1	4 - Nursing Hor		8 🗆 Other (Specify)					
	27, MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. OEŞÇRIBE HOW IN	JURY OCCURED				
ВУ	2 Accident Investigation	28e. PLACE OF INJUR	Y Albama tarm a			201 LOCATION (0)					
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Spe	ecify)	итиет, пастоту, отп	:-	281. LOCATION (Street & City or Town, State)	na Number or Hur	rei Houte Number,			
	29e. CERTIFIER										
COMPLET		CIAN: To the best of my know									
8		R: On the basis of exemination	on and/or investigatio	n, in my opinion,	neath occured at the	time, date and placa, end	dua to the cou	e(\$) and menner es stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	14.0			29c. LICENSE NUI	MBER 98/3	29d. DATE SIGN	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print = = =	1->	10.7	- 01	2///0			
	mathing 1104 Keplithing pome Splis mo 21801										
	31. DATE FILED (Month, Day, Year) MAR 04-199	32. REGISTRAR'S SIG		Rardall							
	MITH VE J	, S									



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State of Maryland / Department of Health and Mental Hygiene

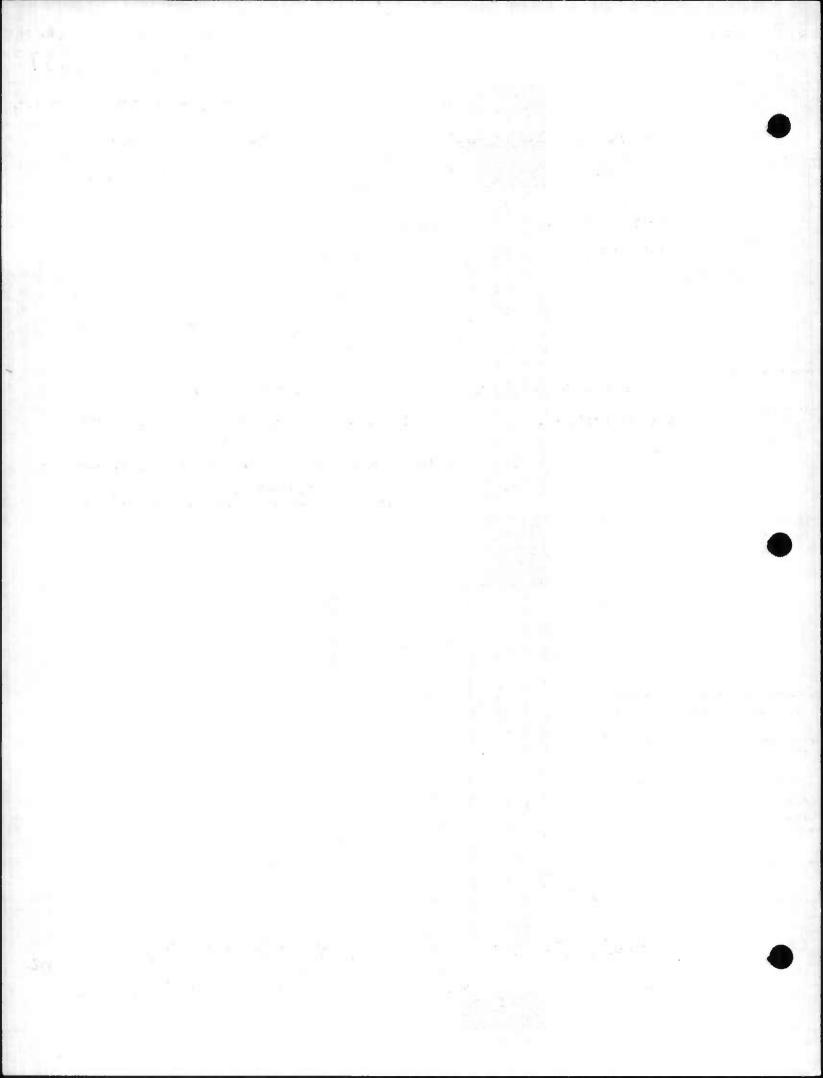
				Olate of M	iai yiai ia 7				Death	wientai riy	Reg. No.	96	08	366
г	Physic	ian	Decedent's Neme (First, Middle, JAMES EDWARD	*						2. Dete of Dec Month March	9 ^{Dey} 19	9 ^{Year}		of Death
	/Medi Exami		4a. Facility Neme (if not institution,	give street end number;)					Location of Deeth	4c. County	of Death	0.0	oa.m.
		Н	10761 Cedarwo			to finally into a co	# Hode	er 1 Year	aldorf	. La sur unio	Charl		10.	
E	Funeral Director		5. Sociel Security Number 579–52–8335 Usuel Residence of Decedent	8. Sex 7. Ag	ge (In yrs. last i 56	Yrs.	Months		Hours Min		1939 V	9. Birthpli Gount Vashii	ngtor	or Foreign
	yland		10a. Stete 10b. County		10c. City, To							10		City Limits
	Serf si	ctor	Maryland Charle	S	Wal	dorf	E							s ZENo
	23a or 2	Funeral Director	109. Street end Number 10761 Cedarwood	Drive			10f. Z	ip Code 2060	1		10g. Citizen of V United			
020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "naturat", or items 23a or 28a-f show any Injury or other traumatic event, the Modical Examiner must be nothed at once.	by	11. Meritei Stetus 1 Never Merried 2 Marrie 3 Widowed 4 Divorcad	12. Wes Decedent Armed Forces' d 14∑ Yes 2 ☐ if Yes, Give Yeer or Detes:	?		Wes Deci if Yes, sp 1 Yes		dispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.) 14. Rece - A Bleck, W Specify:		k, White, e	etc.	
Maryland 21215-0020	within 72 ho ene. then "netur	Completed	15. Decedent's (Specify only highest Elamentary/Secondary (0-12)	Education grade completed) College (1-4or	5.3	life.	dent's Use kind of w DO NOT	use retire	netion during most of wo d)	orking	16b. Kind of Bu			ent
nd 2	e filed al Hygi other	Be Cc	17. Fether's Neme (First, Middle, L.	ast)						me (First, Middle,	Melden Sumem	е)		
ryla	2 should b and Menti Is marked	To	UNKNOWN					03.484.514		hel Hill				
	end 2 sl selth and n 27 ls n		19a. Informant's Neme/Relationshi	p (Type, Print)						ural Route Number, Waldor				
Baltimore,	Peges 1 en tot Her If item		20a. Method of Disposition	B □ Removel from Stete	1					13,1330		c. Location - City or Town, State		
<u> </u>	it. Peritmen		4 Donetion 5 Other (Specify) Maryland Veterans Cemeter 21. Signature of Funeral Service Licensee 22. Name and Address of Fecliff ee											
Ba	permit. DepartmImports any Inju		1 Dan	11/1	/					Road, Cli				
1	Physician		23ar Part1. Enter the disease, or c shook, or heart failure. List or	implications that chuse by one couse on each l	d the deeth. De	o not en	ter the mo	de of dylr	ng, such as cerdle	c or respiretory er	rest,		Approxim Interval B Onset en	etween
	/Medicai Examiner		Immediate Ceuse (Finel disease or condition	Canc	er of	Lur	ngs						8 m	0.
	LXMIIIIIE	er	resulting In deeth)	G-1	Due to (or as	a conse	quence of):						
	tificete be asscuted g physician and as the buriel-transit	Examiner	Sequentially list conditions,	Due to (or es	o (or es a consequence of):									
68760,	e be ay	edical E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	Due to for es a										
	ding phy se as th		resulting in death) Lest	d	540 10 (0.00		4001100 01	,						
. B	death cert a attending d for use	Physician/N	Pert II. Other aignificant condition	s contributing to death h	out not resulting	in the u	ınderivina	cause div	en in Pert I	23b. Did 1	obacco usa cor	tribute to	the caus	s of death?
P.O. Box	res that the designed by the a					,	, idony ing	oodoo gii			rss 2 No	3 Prob		Unknown
Division of Vital Records,	been should	Completed by								24a. Was perfo	an autopsy med?	corr	re sutops ileble prio apletion o leath?	y findings ir to f cause
I Re		Com								101	es 2 No		Yes 2	□ No
Zita Zita	lelan: certific rector,	Be	25. Wes case referred to medical examiner?	Hospitel:				Oth	an an	eth (Check only o				
10	g Physical dispersal di	n: To	1 Yes 2 No 27. Menner of Deeth	28e. Dete of Inju	ury 28b	Time of Injury		28c. Injur Wor	4 Li Nursing I	Home -5-1 Resid	ienca 8 🗆 Othe now injury occurr)	
Sior	Attending or death. ector: After by the fune	catio	1. Vaturel 5 Pending 2 Accident investige 3 Suicide 8 Could no	tion			М	10	Yes 2 □ No					
N N	メモキュ	Certification:	4 Homicide determin	ed 286. Piece of in	jury - At home, tc. (Specify)	ferm, st	reet, facto	ry, office		28f. Location (S City or Tox	Street and Numb m, Stete)	er or Hural	Route N	umber,
	To the Hospital of within 24 hours e To the Funeral D completely filled in the Funeral D completely filled in the funeral	edicai	29e. Certifier 12 Certifying (Check only one) 12 Medical Ex	Physician: To the best taminer: On the basis o end menner st	of exemination e	ge, deet end/or in	h occurred vestigetio	d at the tir n, in my o	ne, dete end plece pinion, deeth occ	a, and due to the durred at the time,	cause(s) end me dete end plece, a	nner as sta and due to	ited. the ceusi	e(s)
	Vithin To the comp	Me	29b. Signeture end title of certifier		. 0		29	c. Licens	e number		29d. Dete signed	l (Month, E	ley, Year)
			Korish	Μ.	Mat	low	\	2835	2	М	arch 1	1,19	96	
			30. Name and address of person w					1 _ 4	MD	20646				
	Sta		Krishan Mathu 31. Dete filed (Month, Dev, Year) MAD 1 3	1996 32. Registr	rer's Signeture	an Pa	J.O	ıald	, MD A	20040				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth February 27, 1996 **Physician** HUBBARD, 2nd b:57 n.m. JAMES NOAH /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Frederick Memorial Hospital Frederick Frederick If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (in yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Deys ₩ M 2□ F 220-72-5368 32 Yrs Director March 26,1963 Maryland Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelih and Mental Hygiene. Important: If Item 27 is marked other transfer or any follow or other traumatic event, the Medical Estimates. 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No Directo Maryland Frederick Woodsboro 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 11104 Coppermine Road 21798 U. S. A. Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 14. Race - American indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 Yes 2X No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No white þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be James Noah Hubbard, Sr. Mary Lou Boarman 2 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) James Hubbard, Sr. 11104 Coppermine Rd., Woodsboro, Md. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 15 Budal 2 Cremetion 3 Removel from Stete Resthaven Memorial Frederick, Maryland 3/1/96 1. Signature of Fugerel Service Licenses 22. Name and Address of Facility
Stauffer Funeral Home you 1621 Opossumtown Pk, Frederick, Md. 21702 23a. Pert1. Entur the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest, shock, or in ent failure. List only one cause on each line. Approximete interval Between Physician Immediate Cause (Final disease or condition resulting in death) /Medical PERKALEMIA Examiner Examiner RONIC RENAL FAILURF physician and s the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): IMBETES Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or ea e consequenca of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. ed by the detached 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ been si 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wea an autopsy performed? Completed page 2 s al No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 24 hours after death. director, 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home Sesidenca 8 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 27. Menner of Deeth 28d. Describe how injury occurred 28c. Injury et Work? After 1 Naturel 2 Accident 5 Pending investigation To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: At completely filled in by the fu 1 ☐ Yes 2 ☐ No 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and mannar as steted.
2 Madical Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) and menner steted. 29e. Certifier Medica 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and appress of person who completed cause of deeth (Item 23a) (Type, Print) MD JOHNSON SCTHOMEN JOHNSON IN FREDERICK MD WILLIAM H 32 Registrar's Stoneture Randall 31. Dete flied /Mil State

Registrar



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	FOR STATE REGISTRAR	STATE OF MARY				EALTH AND DEATH	MENTA	AL HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)			HOWAF				E OF OEATH			3. TIME OF DEATH	
	WILLIA	AM	F.	Hou	•	d	Ma	4	996	YEAR	0435 M	
-1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday			IF UNDER 24 HRS.	7. DAT	E OF BIRTH			IPLACE (State or Foreign	
	215-12-6711	1 M 2 F	73 YRS.	MONTHS	DAYS	HOURS MIN.	May	3, 1922	2	Mar	yland	
1	Sa. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY,	TOWN O	R LOCATION OF D		,		ITY OF O		
Œ			TRACTED					WICOMICO			CO	
읽	PENINSULA REGIONAL RESIDENCE OF DECEMENT	L MEDICAL C	ENIER		SALI	SBURY WICO			COMI	CO		
DIRECTOR	10a. STATE 10b. COUNTY		10c. C	TTY, TOWN O	R LOCAT	ON					10d. INSIDE CITY LIMITS?	
ā	Maryland	Somerset			Cri	sfield					1 YES 2 NO	
AL	10e. STREET AND NUMBER				101.	ZIP COOE		10g. CITIZEN OF			VHAT COUNTRY?	
EB	3660 Calvary Road						21817				U.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			ENDENT OF HISPA			or No-	14. RACE	- American Indian.	
	1 Never Married 2 X Married	FORCES? 1 X YE	DATES	1 1		cify Cuban, Maxic 2 X NO Spec		Rican, etc.)		Speci	k, White, etc.	
BY	3 Widowed 4 Divorced	W. W. II- U	J.S. Navy			n					"White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT				-16	b. KIND OF BUSI	NESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)									
N P	Grade 10 Carpenter							Constru	actio	on		
Ö	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)											
BE (William Fletcher H				Ste	11a 1	M. Frank	clin				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street a	nd Number or Rura	Route Nu	mber, City or Town,	State, Zip	Code)		
임	196. INFORMANT'S NAME (Type/Print) Ruth H. Howard (Wife) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3660 Calvary Road - Crisfield, MD 21817											
	20a. METHOD OF DISPOSITION				TION (No	ne ot	DA	TE 20c. LOC	ATION -	City or To	own, Stata	
	20b. METHOD OF DISPOSITION 1 K Burnel 2 Cremetton 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of contemplace) Sunnyridge Memorial Park-3/9/96 Crisfield, MD											
1	21. SIGNATURE OF THEBAL SERVICE-INSERSEE 22. NAME AND ADDRESS OF FACILITY											
	Bradshaw & Sons Funeral Home 306 W Main St - Cristical MD 21817											
_	Robert H. Bradshaw, Jr. 306 W. Main St Crisfield, MD 21817 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heert failure. List only one cause on each line.											
CERTIFICATION	ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Acute (even of a wlay Accident 3 lay) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST	leff ve	n to dela	~ D	456	inchin	= (lot			14 luga	
	DADT is Other significant and disland		h.u.h. m.m. um. m. (Alim	- 1- 11- 11-	As el de		0-41	T		Lau	- /	
CAL	PART II. Other significent conditions 1 hours dependence	dont D		g in the un	aeriying	cause given i	n Part L	24a. WAS AN A PERFORM		246	AMILABLE PRIOR TO	
	Tronun aeper	A Town					-	1 YES 2	NO		OF DEATH?	
MED	Granomo Vod	tale c w	e tartas						,		1 YES 2 NO	
ÿ.	DID TOBACCO USE CONTR	IBUTE TO CAUSE			40 C	UNCERTA	IN 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	26. PLACE OF D									
S	1 TES 2 NO	HOSPITAL:	Putpatient 3 DOA	OTHER		5 - Realdence	8 🗆 01	her (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea		IME OF	28c. INJ WO	JRY AT RK?	28d. D	ESCRIBE HOW IN	JURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation	1000	1	М		ES 2 NO						
	3 Sulcide 6 Could not be determined	26e. PLACE OF INJU building, etc. (S		n, atreet, facto	ory, offic			OCATION (Street ar ty or Town, State)	et and Number or Rural Route Number, te)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER										s) and menner as stated.	
	291 AND TITLE OF CENTIFIER					29c. LICENSE N	JMBER	1	29d. DAT	E SIGNED),(Month, Day, Year)	
R	Bolal -	M 1					2522 29d. DATE SIGNED, (Month, Day, Year)				01	
2	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	rpe, Print		il	A	nic Oc	01		140010	
	1 Y A Wash) G G I W 6 1 Y - D Eestow Sh 31, Date Filed (Month, Day, Year) 12, REGISTRAP SIGNATURE 140 1006 15 A Daniel Control Control 16 A Daniel Control 17 A Wash) G G G G G G G G G G G G G G G G G G						~~	we ITE	LUY!	7	my 21801	
	MAKT S 1930 Jun									0		

3. TIME OF DEATH

2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leat)

		H	 Patr 	ricia	Holla	ınd		March 3	1996	3:18 AM '		
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. last		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1993	BIRTHPLACE (State or Foreign Country)		
		473 07 3313	1 🗆 M 2 🙀 F	78	YRS. MONTHS	DAYS	HOURS MIN.			Minnesota		
pino		9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CIT	Y, TOWN C	OR LOCATION OF D			Y OF DEATH		
. 2, 3 should	ECTOR	1629 Park Ridge C	ircle			Croft	on		Anne	Arundel		
permit. Pages 1,	E I	10a. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY		
2	DIR	Maryland Anne	Arundel		Crof	ton				1 YES 2 XXNO		
rmit	AL I	10e. STREET AND NUMBER			0101		ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?		
	ERA	2602 Tor Court					21114					
ian. trans	N N	11. MARITAL STATUS	12. WAS DECEDENT E	TVER IN 110 AD	100					ted States		
215-0020 attending physician. se as the burial-transit	BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 N	0	It yes, sp		NIC ORIGIN? (Specify an, Puerlo Rican, etc.) fy	Tea of No.	4. RACE — American Indian, Black, Whita, atc. Specify: White		
215 attend	요	15. DECEDENT'S EDUC	ATION		CEDENT'S USUAL			16b. KIND OF	BUSINESS/INDU	STRY		
- 63	<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ve kind of work done Do NOT use retired.	during ma)	st of working					
YLAND 2 by the hospital be detached to at once.	립	12		0	wner	Trucking Company						
AN the hoc detach	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	18. MOTHER'S NAME (First, Middle, Meiden Surname)				
7L/		William J. Hartfo	ord					Marie Quigley				
MARYL retained by 5 should be notified at	B	19e. INFORMANT'S NAME (Type/Print)	JIU	400		20 (0)			e Quigley outs Number, City or Town, State, Zip Code)			
MAR retained 5 should notified	2											
		Juliana T. Yaros	a	7	602 Tor			on Maryla		1114		
FOR ma e 6 ma ector, 1		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remark 4 Donation 8 Other (Specify)	wal from State	20b. PLACE A cemetery, cree Metro	and date of dispo matory or other place politan	Crem		3/4/96 20c.		ty or Town, State andria Virgini		
ALTIM death. Page funeral dire i.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	NAME A	ND ADDRESS OF FA	ACILITY				
VL7		Kolinat &	P 1771	Mal				ns Funera				
B after d after d by the moval.		Maran C	· CUW	NO 11				lis Rd. Bo				
2 - 2 5		23. PART I. Enter the diseases, or cahock, or heart feliure.	omplications that of List only one cause	ceused the de	ath. Do not ente	er the mo	da of dying, suc	ch ss cardiac or re	apiratory arre	at, Approximate interval Between		
fille on.		iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	pr	GOCO	india	0	info	ration		Onset and Dasti		
P 8 - 9	Z		DUE TO (Q	AS A CONSEC	DUENCE OF):	a	stery	dist	ing	5		
BOX 6876 ficate be executed of physician and coming prior to burial, or prior to burial, or traumatic events.	CATION	Sequentially ilst conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (O	DUE TO (OR AS A CONSEQUENCE OF):								
P.O. th certific ending pl Hyglene or othe	BATIFI	that initiated avents DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
DS, the deat by the attended Menta Injury,	CE	DART II Other significant condition	a contribution to d	tributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY								
ORC that the sed by th	MEDICAL	Chronic o	fstru	we /	ulmo	nderlyin	lying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 □ YES 1 □ YES NO			24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
RECO requires theen signed of Health	2									1 TYES 2 NO		
E 5 8 . W	ä	DID TOBACCO USE CONT	RIBUTE TO CAU	ISE OF DEA	TH YES	NO [UNCERTAL	N 🗆				
		25. WAS CASE REFERRED TO MEDICAL			E OF DEATH Chec							
VITA IAN: The tificate h te State f or Item	SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	OTHE	ER: ursing Hon	a skillence	8 Other (Specify)				
1 9 5 5 T	PHY	27. MANNER OF DEATH	28e. DATE OF IM		28b. TIME OF	28c. IN.		28d. DESCRIBE HO	W INJURY OCCI	19E0		
日本語学		Netural 5 Pending	(Month, Day,		INJURY	WC	PRK?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	E E	2 Accident Investigation	00- DI 105 05	to dispose to be			YES 2 NO					
ATTENDING ECTOR: After s after death	ED	3 Suicide 8 Could not be	building, at	ic. (Specify)	me, term, street, te	ctory, offic	:0	28t. LOCATION (Stre City or Town, St		r Rural Route Number,		
OIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	E											
DIV DIRECTION A Hours		29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	ry knowledge, de	ath occurred at the	time, deta	and place, and du	a to the cause(a) and	manner as state	1.		
HOSPITAL FUNERAL WITH 72	COMP	one) 2 MEDICAL EXAMINE	R: 09 the beals of axe	mination and/or i	investigation, in my	opinion, o	leath occured at the	e time, deta and place	, and dua to tha	cause(a) and menner as stated.		
THE HOSPITAL TO THE FLINERAL TO THE FLINERAL TO THE MANIN TO THE MANING THE MANING THE THE THE THE THE THE THE THE THE THE		29b, SIGNATURE AND TITLE OF CENTURE	-				29c. LICENSE NU	Maco	and pare	organization of the stand		
물 물물 등	B	112 01011111111111111111111111111111111	10	- m	0		29C. LICENSE NO	4571	29d, DATE	SIGNED (Month, Day, Year)		
FRE NE	2	1/	$\sim \gamma$	11.1	′′		N C	1/1/	1	14/10		
1-1	-	30. NAME AND ADDRESS OF PERSON WH							1	V		
151		Paul B Berez M.D	. 1655 C ₁	rofton	Boulevar	d Ro	ute 3 St	ite 101 (rofton	Md. 21114		
		MAR 05 1996	FULL OF	S IGNAT	LH							

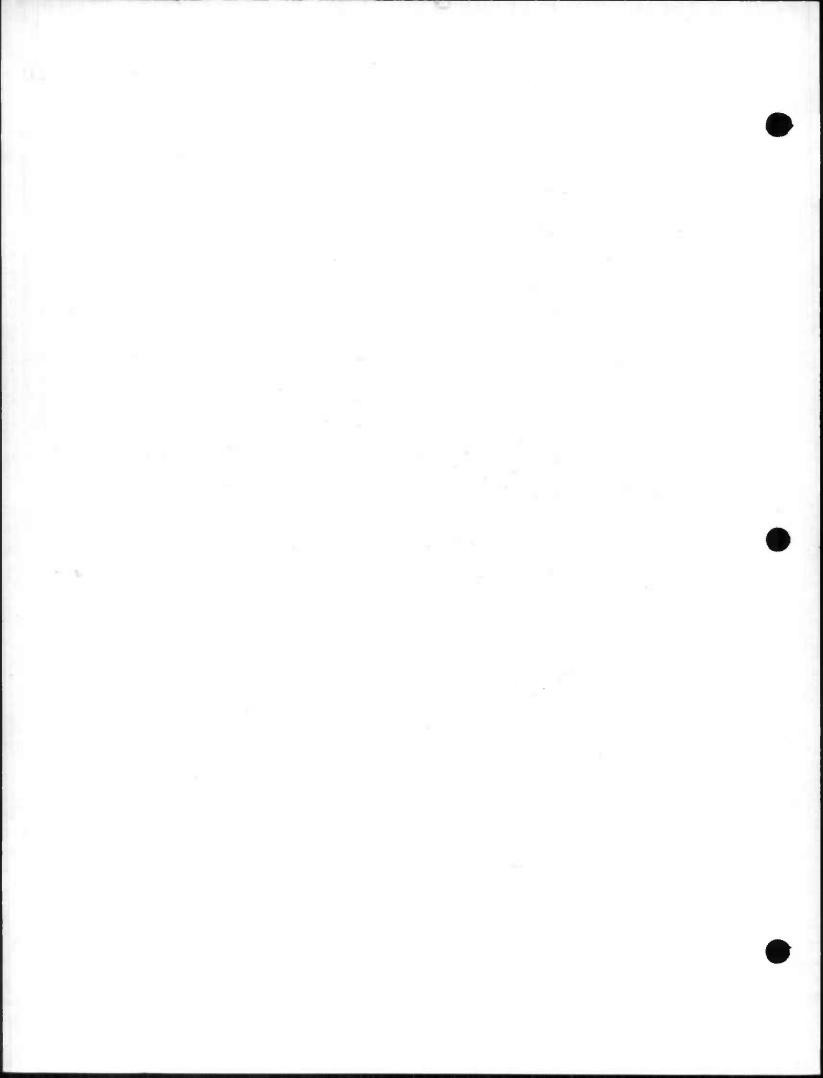
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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END	DR: A	T. if Item 28 is marked, or I
ATT	ECTL A	1 2 E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but within 70 hours after death with the State Deat of Health and Mental Hotilere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA!	11.11
SS.	P. F.	TAN
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPART			MENTAL HYGI		20	08	3/0		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1		3. TIME OF DEA	ATH		
	Morris William Hamp	ton				монтн Februarv	27. 1º	YEAR	8:45	Р. м		
	4. SOCIAL SECURITY NUMBER 5. S		yrs, lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPI	LACE (State or			
	149-01-9242 1 Se. FACILITY NAME (If not institution, give street a	M 2 F	81 YRS.	ONTHS DAYS	HOURS MIN.	March 7,	1915	Country) New J	ersey			
DIRECTOR	Frederick Health Car			Frederi				erick				
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN DR LOCAT	ION			1	10d. INSIDE CIT	Υ		
PIG	Maryland Carroll		Mt.	Airv					LIMITS?	NO		
	10e. STREET AND NUMBER				ZIP CODE		t0g. CITI	ZEN OF WH	AT COUNTRY?			
FUNERAL	7904 Circle Dr.			2	1771		USA					
5		WAS DECEDENT EVER IN FORCES? 1 X YES		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specif)	Yes or No-					
B⊀		F YES, GIVE WAR OR DAY World War	res	1 TYES	2 X NO Specify	n, Puerto Rican, etc.	' =	Specify				
COMPLETED	15. DECEDENT'S EDUCATIO	16b. KIND OF	BUSINESS/IND	USTRY	WILLEC							
ᇤ	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)									- 1		
APL	9 Still operator Plastic product:											
Ö	17. FATHER'S NAME (First, Middle, Last)	iden Surname)										
BE (Abijah Elwood Hampto	n			Myrtle	May VanD	oren					
70	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street a		Route Number, City or		Code)				
-	Rose Hampton 7904 Circle Dr., Mt. Airy, MD 21771											
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE of DISPOSITION (Name of commetery, cremetory or other place) 3 P4TE 20c. LOCATION — City or Town, S											
	21. SIGNATURE OF FUNERAL SERVICE ACCOUNTS FROM THE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home											
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	4	9/	22. NAME AI	D ADDRESS OF FA	Stauf:	fer Fur	neral	Home			
	B. Louglas	Hank	Her.	1621	Opossumt	own Pike	Frede	rick	, MD 2	1702		
	23. PART I. Enter the discesses, or comp shock, or heart fellure. List	lications that obverti	the death. Do no	t enter the mo	da of dying, auc	h as cardiac or r	espiratory an	reat,	Approxi	nate Between		
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in deeth) a. Allenstists Substant Distant DUE TO (OR AS A CONSEQUENCE OF):											
	7	DUE TO (OR AS A	CONSEQUENCE OF)									
Z	Sequentially list conditions,											
Ĭ	If any, leading to immediate	DUE/TO (OR AS A	CONSEQUENCE OF)									
2	CAUSE (Disease or injury											
Ē	that Initiated events resulting in deeth) LAST											
CERTIFICATION	d								+			
AL	PART II. Other algnificent conditions co		it not reaulting in	the underlyin	cause given in		S AN AUTOPSY		WERE AUTOPSY AVAILABLE PRIO			
DIC	Algher	then it					5 2 5 (ND	(COMPLETION OF			
ME		vines Rig					•		1 [] YES 2 [NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBU	JTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAI	N 🔯						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	86. PLACE OF DEATH	(Check only one)								
YSI	1 VES 2 5 NO 1	Inpetient 2 - ER/Outpu			e 5 🗆 Residence	6 Other (Specify)						
H.	27. MANNER OF DEATH 1 Ponding	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCRIBE H	OW INJURY OC	CURED		-		
BY	2 Accident Investigation				ES 2 NO							
8	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE DF INJURY building, atc. (Speci	— At home, farm, st fy)	reet, factory, offic		261. LOCATION (St City or Town, S	reet and Number Itale)	or Rural Ro	oute Number,			
E												
COMPLET	(Check only one)											
Ö	2/ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and m											
BE 0	296. SIGNATURE AND STILE OF CERTIFIER	Honda			29c. LICENSE NUI	MBER			Month, Day, Yes	r)		
TO B	vor 1.				D-18191		1 3	314.9	6			
-	30. NAME AND ADDRESS OF PERSON WHO CO											
	Arthur Manalo, MD, 187 Thomas Johnson Dr., Frederick, MD 21701											
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
	MAR 0 4 1996											



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should in the Nation of Health and Mental Hygiene prior to burial, cremation, or removal. APORTANT: If item 28 is marked, or item 23 shows any finjury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC	MENT OF H			IYGIENE REG. NO.		00371	
1. DECEDENT'S NAME (First, Middle, Las SYLVIA LEE		ILL			2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH 7:30 A M	
4. SOCIAL SECURITY NUMBER 220-28-4395	5. SEX 8. AC		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIETH	8. BIRTH Country	PLACE (State or Foreign	
	Salisbury Nursing & Rehab						9c. COUNTY OF DEATH WICOMICO		
10a. STATE 10b. COUR		10c. CITY,	Salisbu					10d, INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER						10g. CI	HAT COUNTRY?		
11. MARITAL STATUS t Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO	If yes, sp	CENDENT OF HISPA ecify Cuban, Mexico 2 X NO Specific	Specify Yea or No-				
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during me		16b. Kil	ND OF BUSINESS/IN	NOUSTRY		
9 17. FATHER'S NAME (First, Middle, Lest)	0	Homema	aker	18. MOTHER'S NA		nestic Ne, Malden Surname)			
Andrew 19a. INFORMANT'S NAME (Type/Print)	Daugherty	19b. MAILING	AOORESS (Street	Unkno		City or Town, State, 2	Zip Code)		
Terry Hill 20s. METHOD OF DISPOSITION TO Burlel 2 Cremetion 3 R		635 20b. PLACE AND DATE Of cemetery, crematory or oth	F DISPOSITION (N		DATE	20c. LOCATION -		wn, Stats	
23. PART I. Enter the diseases, of shock, or heart failur	H. Qum	asd the death. Do no	22. NAME A Hol		ineral ill Rd	., Salish	oury,	MD 21801 Approximats interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Caron	AS A CONSEQUENCE OF	er Ser	da	ell's	e		Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		AS A CONSEQUENCE OF						year.	
PART II. Other significant condit	lona contributing to deal	th but not resulting in	n the underlyin	ng csuse given in		PERFORMEO?	Y 24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL		OF DEATH YES			N 🗆				
EXAMINER? 1 VES 2 NO 27. MANNER DE DEATH 1 Teturel 5 Pending	HOSPITAL: 1 Inpetient 2 ER/ 26s. DATE OF INJU (Month, Day, Ye)	RY 26b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		Specify) RIBE HOW INJURY C	OCCURED		
2 Accident Investigation 3 Suicide 6 Could not determined	28a. PLACE OF INJ building, atc.	URY — At home, tarm, st Specify)	treet, factory, offi	ce		ON (Street and Numl Town, State)	ber or Rural	Route Number,	
(Check only	IYSICIAN: To the best of my li							s) and manner as stated.	
296. BIGNATURE AND TIREBOT CERT	1//			29c. LICENSE NU	349	29d. D	ATE SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WILLIAM ROBIL	NS HD. 104	HEALTHWAY		ISBURY,	MD. 21	804	1		
31. DATE FILED (MORTH, Day, 1687) MAR 05 1	996 Julia du	SIGNATURE RANGELL							

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. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FUNERAL DIRECT within 72 hours a TTANT: If Item 2

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IMPORTANT: II

96 08372 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDWARD 9:10 SR MARCH 12 1996 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTIN September 18 1920 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 228-05-1165 1 M 2 - F 75 DAYS Virginia 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GE ORGE'S Southern Maryland Hospital Center DIRECTOR Clinton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Brandywine 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10505 Cedarville Road Lot 6-5 20613 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried Specify: White BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) Heavy Equipment Operator COMPL Construction 6 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Nolan Haley Mary Furr Haley 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia A. Haley (Wife) 10505 Cedarville Road Lot 6-5 Brandywine, MD 20613 Burlel 2 Cremetion 3 Removal from State
Control Con 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Trinity Memorial Gardens 3-15-96 Waldorf, MD FUNDIAL SERVICE LICENSES 22_NAME AND ADDRESS OF FACILITY
J.H. Eberwein Mortuary M00173 4433 White Pls. La. White Pls., MD 20695 leu Enter the discusses, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heert feliure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 1/2 hR . VENTRICULAR ARRHYTHMIA reaulting in death) CORONARY HEART DISEASE years CERTIFICATION Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa reaulting in desth) LAST PART ii. Other aignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE VOMITING, CATHARTIC OVERUSE 1 YES 2 NO DE DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 📈 NO 🗌 UNCERTAIN 🗆 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 DOA 1 YES 2 NO 20a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(s) end manner se stated. 2 🗑 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

of Benjer MD 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

7720 Wisconsin Ave, Bethesda, md 20812 J. BERGER MD #205 31. DATE FILED (Month, Day, Year)

29c. LICENSE NUMBER

025925

MAR 1 3 1996

29b. SIGNATURE AND TITLE OF CERTIFIER

32. REGISTRAR'S SIGNATURE Jalin Davidson Rardall 29d, DATE SIGNED (Month, Day, Year)

MARCH 12, 1996

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Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** JAMES R. HARRIS **FEBRUARY** 27, 1996 05:45AM /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner PRINCE GEORGE'S COUNTY MEDICAL CENTER CHEVERLY PG 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) 5/17/52 Birthplece (Steta or Foreign Country) **Funeral** Director 577-74-0494 43 Washington, DC Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location ir than "naturel", or items 23s or 28s-f show the Wedical Examiner must be notified at 10d. Inside City Limits PG Md Riverdale 1⊠ Yes 2 No Director 10e. Street end Number 10f. Zlp Code 10g. Citizan of What Country? permit. Peges 1 end 2 should be filed within 72 hours after death v Department of Health and Mental tygliene. If them 27 le marked other than "natural" montant if item 27 le marked other than "natural" montant owner. #5 6221 64th Avenue 20737 USA Funeral 11. Maritel Stetus Single 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Navar Married 2 Married ☐ Yas 2 No Yes, Give Specify: 1 ☐ Yes 2 ☑ No þ Specify: BLACK 3 Widowed 4 Divorced Yaar or Detas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 12th Grade Clerk Private None 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middla, Meiden Surneme) Be Theodore Harris Maggie Sherley 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Barbara Johnson 6221 64th Ave., #5, Riverdale, Md., 20737 20b. Plece of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, Steta Harmony Memorial 1 ☐Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 3/4/96 Park Cemetery Landover, Md. 21. Signeture of Funaral Sarvice Licensee 22. Nema and Addrass of Facility John T. Rhines Co., Inc. 3030 12th St NE, DC 20017 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, tock, or heart feilure. List only one cause on each lina. Approximete Intervel Between Onset end Deeth Physician Physic immediate Ceuse (Final disease or condition resulting in death) /Medical . SEPSIS Examiner 1 WEEK Due to (or es e consequence of): Examiner END STAGE ALCOHOLIC LIVER DISEASE YEARS or Attending Physician: The law requires that the death certificate be executed effer death.

Director: After this certificate has been signed by the ettending physician and use es the buriel-tran Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Box 68760. IMMUNOCOMPROMISED/PULMONARY TUBERCULOSIS Physician/Medicai Due to (or es e consequence of): DRUG ABUSE AND MALNOURISHED YEARS jo Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 8 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes an eutopsy performed? Completed page 2 1 ☐ Yes 28 No 1 Tyes 2 No funeral director, Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient Certification: To 2 ER/Outpetlent 3 DOA 28e. Deta of Injury (Month, Dey Year) 27. Mannar of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 Yes 2 No Investigation 2 Accidant filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours e 29e. Certifier 12 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner es stated. Medicai pletery (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) n D43662 FEBRUARY 29, 1996 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

March 11 28 His Made America

notified at

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29b. SIGNATURE AND TITLE OF CERTIFIER

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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1996

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

96 08374 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12:50 A. HARRY W. HEARNE March 8, 1996 4. SOCIAL SECURITY NUMBER S. BIRTNPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year DAYS HOURS 1 M 2 | F Sept. 19, 71 YRS. 220-12-2358 1924 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 9820 Sharptown Road Mardela Springs Wicomico RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Wicomico Mardela Springs 1 YES X NO 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 9820 Sharptown Road 21837 IISA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 ∑ YES 2 □NO IF YES, GIVE WAR OR DATES 1946-1947 1 Never Merried 2 Married Specify: White BY 3 X Widowed 4 ☐ Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Dispatcher Trailways Buses 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname Harry T. Hearne Belle Majors Hearne BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen H. Twilley 9881 Sharptown Road, Mardela Springs, Md. 20a. METNOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Springhill Memory Gardens 3-11 Hebron, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc. William 13 E. Grove St. Delmar, De. 19940 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) shour CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSPOUNDED OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reauiting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES XX NO DE DEATH? 1 TYES 2 TNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 TES 2XXNO 1 Inpetient 2 ER/Oulpetient 3 DOA 4 Nursing Home ST Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end menner as stated.

2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

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32. REGISTRAR'S SIGNATURE
Julia Dayelson Randall

29c. LICENSE NUMBER

12 A

29d. DATE SIGNED (Mpnth, Day, Year)

96 08375

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

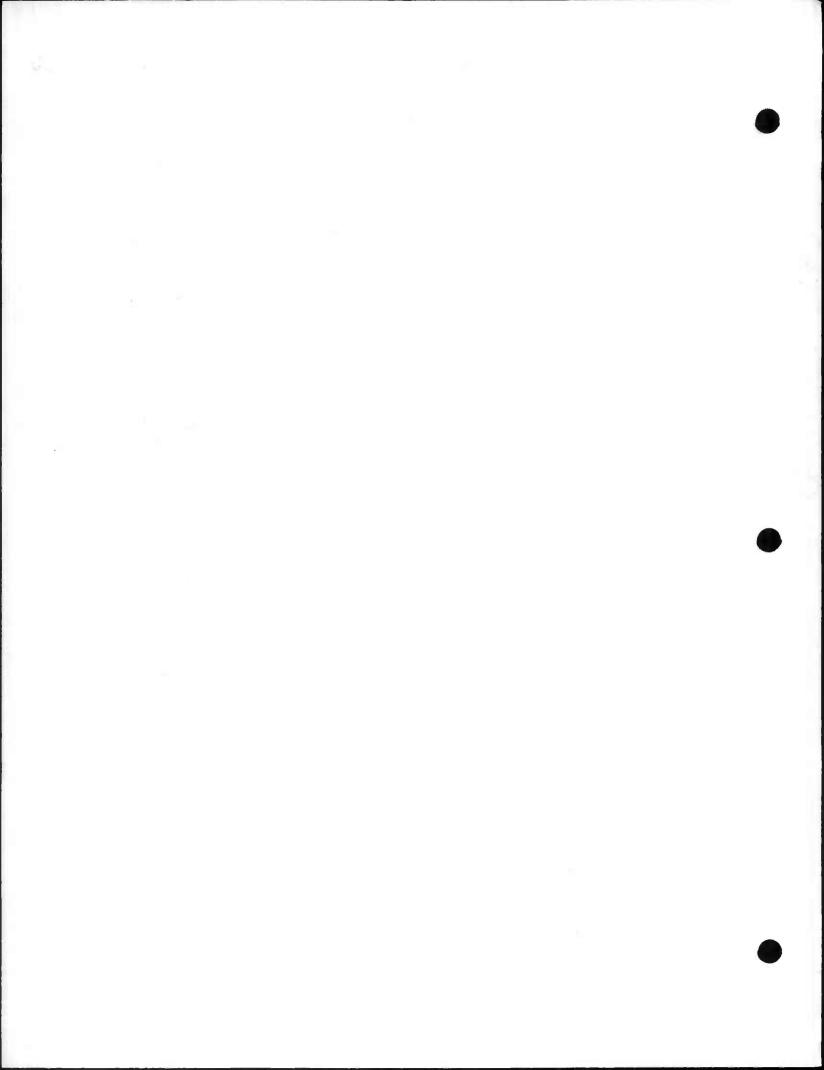
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEAT	TH	MERIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATH			3. TIME OF DEATH
	JOHN WILLIAM				HEFLIN				Marc		199	YEAR	10:15 a
- 1	4. SOCIAL SECURITY NUMBER 5	. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH		8. BIRTH	PLACE (State or Foreign
	220-20-0332	∑ M 2 □ F	87	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	000	Country	" rginia
-	9a. FACILITY NAME (If not institution, give stree				96. CITY	TOWN C	R LOCATIO	ON OF DE		12		NTY OF D	EATH
O	Meridian Nursin	g Cent	er		Fr	ede:	rick				Fre	der	ick
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CIT	Y, TOWN C	P LOCAT	1014						10d, INSIDE CITY
DIRECTOR	MD Frede	rick			ede								LIMITS?
	10e. STREET AND NUMBER					100	ZIP CODE			-	10a CIT	IZEN OF W	1X YES 2 NO
H.	400 North Ave.						2170					ISA	MAI COUNTRY
FUNERAL	11. MARITAL STATUS 1:	2. WAS DECEDENT	EVER IN U.S. ARI	MED	13.	MAS DEC	ENDENT O	F HISPAI	NIC ORIGIN?	(Specify Yes			- American Indian.
BY F	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 XN	0	1 1	f yes, spe		n, Mexica	n, Puerto Ri			Black Specifi	, White, atc.
	3 Widowed 4 Divorced						100		,.			Орчи	white
Ĕ.	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION npleted)	(Gh	ve kind of	USUAL Of	CUPATIO	N st of workin	a	16b.	KIND OF BU	BINESS/INI	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +) Ho.	Do NOT u	se retired.)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			mac	hin	ist						por	ation
ŏ	Herbert Housen	Woflin								ddle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)	петти	196	MAILING	Annores	(Street o			_	. Ut			
2	Betty L. Rogers									n, M		,	
	20a. METHOD OF DISPOSITION		20b. PLACE A					-	DATE	-	CATION -		en State
	1X Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	from State	Mond	natory or o	ther place)				3/9				le, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	MOTIL	<i>n</i> cat	22.		D ADDRES		CILITY				ic, no
	► 11/Th - C	1174								Hom			
	23. PART I. Enter the diseases, or con	polications that	caused the des	sth Do r	not enter	Bari	nesv	111	e, M	D 20	838		LAcousticate
	shock, or heart fallure. Lis	t only one caus	se on each line.			the mo	ac or ayı	ng, suc	ii ee ceidi	ac or respi	ratory are	wat,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Probable Meumonia Due to (or as a consequence of):							Onset and Death						
resulting in death) a. TOOUV						OH	14	,					aays.
z													i ' 1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
S	CAUSE (Disesse or Injury												
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE O	F):								
SE	d												·
	PART II. Other significant conditions of	ontributing to	death but not re	sulting	n the un	derlying	cause g	lven in	Part I.	44. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	Transpert Ism	enic	a tac	KS	1					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1	74		OF DEATH? 1 YES 2 NO
ž	DID TOBACCO USE CONTRIB	UTE TO CAL	JSE OF DEAT	TH YE	1 🗆 2	10 🕅	UNC	ERTAIN	N D				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE	OF DEAT	TH (Check o								
XS.	1 U YES 2 NO		ER/Outpatient 3	□ DOA	4 Nurs		5 🗆 Res	aldence	6 🗆 Other	(Specify)			
H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I (Month, Da		28b. TIM	E OF URY	28c. INJL WOF	JRY AT		28d. DESC	RIBE HOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				М		ES 2 [NO					
2 Autotal 200 PLACE OF IN HIDY At home from stood feature office						oute Number,							
<u>.</u>													
린	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAL												
COMPLETED	2 MEDICAL EXAMINER: C	on the besis of ax	smination and/or in	rvestigatio	n, in my o	oinlon, de	eth occure	d at the	time, data a	nd place, and	d due to th	e cause(a)	and manner as stated.
8								(Month, Day, Year)					
P P	LVMS	ml	>	_			D	35	55	5	13	17	196
_	30. NAME AND ADDRESS OF PERSON WHO'C	OMPLETED CAUSE	E OF DEATH (ITEM	27) (Type,	Print)	,	1.5	,					
	31. DATE FILED (Month, Day, Year)	Trun	SWICK	1	10	<u> </u>	17/	6_					
	MAR 1 - 1996	32. REGISTRAF	Davelson A	6									
- 0	4-0 1220	1 (1	Add . Bl	LATTE	44								- 1



5. Social Security Number **Funeral** Director 217-18-7294 Usual Residence of Decedant filed within 72 hours after death with the Maryland 10a Stete or 28a-f show Maryland Director 10e. Street end Number 7 is merked other than "natural", or items 23a or traumatic event, the Medical Examiner must be a Funeral 11. Marital Status 1 Never Married 2 Merried þ 3 ☐ Widowed 4 ☑ Divorced Completed Hygiene. Elementary/Secondery (0-12) 17. Fether's Neme (First, Middle, Last) mit. Peges 1 end 2 should be flik partment of Heelth and Mental Hy portant: if Itam 27 is marked oth-y Injury or other traumatic event To 19e. Informent's Neme/Reletionship (Type, Print) Ronald L. Bohn - son Baltimore, 20e. Method of Disposition Burlal 2 Cramation 3 Removal from Stete Department of Important: If any Injury or once. 21. Signature of Funerel Service Licensee **Physician** /Medicai Immediate Cause (Fine) disaasa or condition resulting in death) Examiner Examiner buriel-transit Sequentielly list conditions, if any, laading to immediate cause. Enter Underlying Ceuse (Disease or injury that intileted events resulting in death) Last pue Division of Vital Records, P.O. Box 68760. physician requires that the death certificate be Physician/Medicai the 89 US8 for signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. þ Completed certificate funerel director, 25. Wes case referred to medical Be 1 Yes 2 No 2 this 27. Menner of Deeth Certification: 5 Pending investigation 1 Naturei or Attending effector: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) completely filled in by 4 Homicide Hospital 24 hours e 24 hours e 15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. 29e. Certifier Medical (Check only one) To the To the To the I 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 2/26/96 032171 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 19 W. FREDERICK ST. UALLORSVILLE, ND R. GOUGH

32. Registrer's Signature

Studior Rankell

Physician

/Medical

Examiner

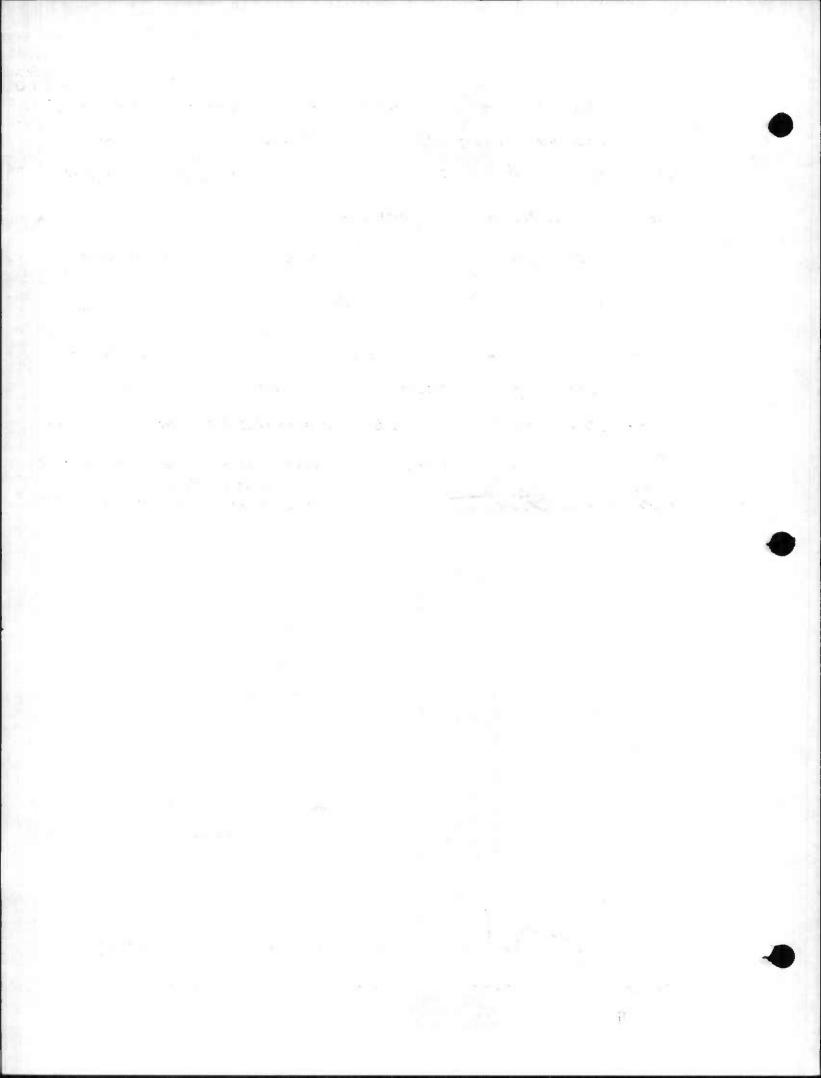
31. Dete filed (Month, Day, Year)

AR Q1

State

Registrar

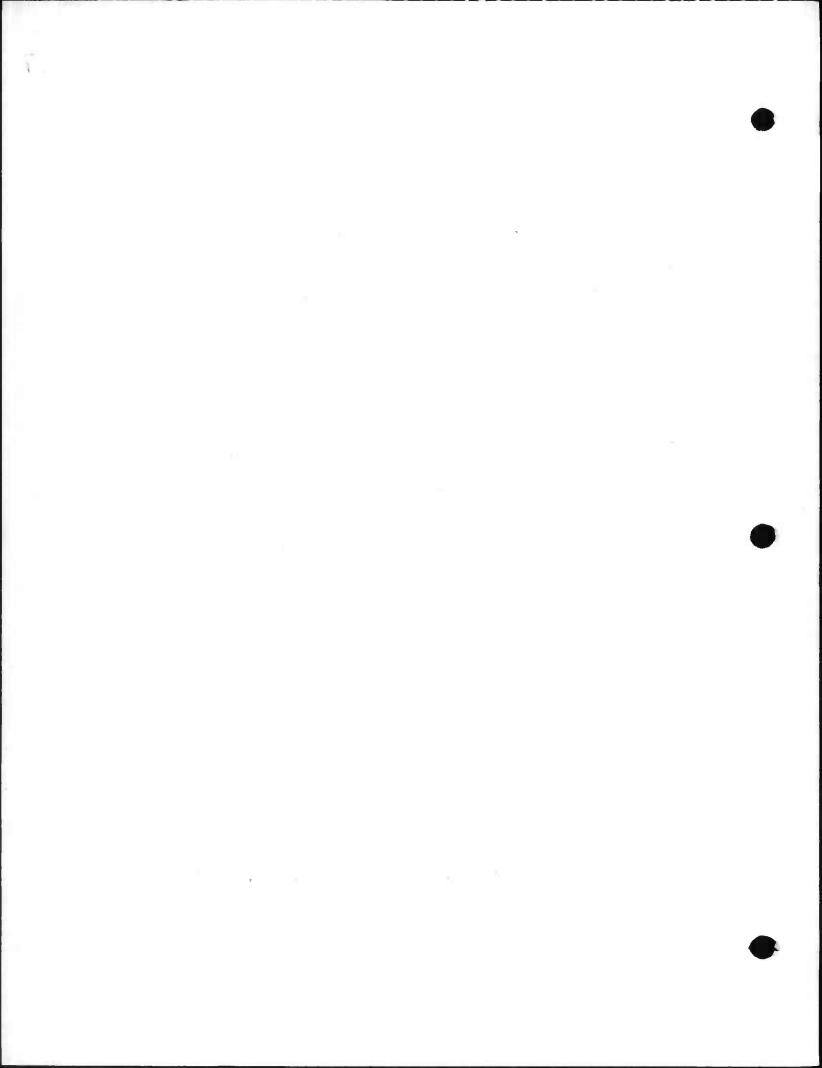
DHMH 16 Rev 6/95



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Best Berth 1996 Ha Feb 5:30 4/SPCIAN SECURITY NUMBER 774-16-1014 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS 1 M 2 F Sept. 8, 1921 Weverton permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1148 Rosemant DIRECTOR - Drive Knoxville Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Knoxville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rosemont 1148 U.S.A DRIVE use as the burial-transit 21758 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 TES 2 KNO Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete tes. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Store Clothing Clerk 11415 17. FATHER'S NAME (First, Middle, Last) Best John To Lawrence Dagenhart BesT notified 19a. INFORMANT'S NAME (Type/Print) 2 Norman Rosemont DR. Knoxuille, Md. 21758 Pe 20e. METHOD OF DISPOSITION

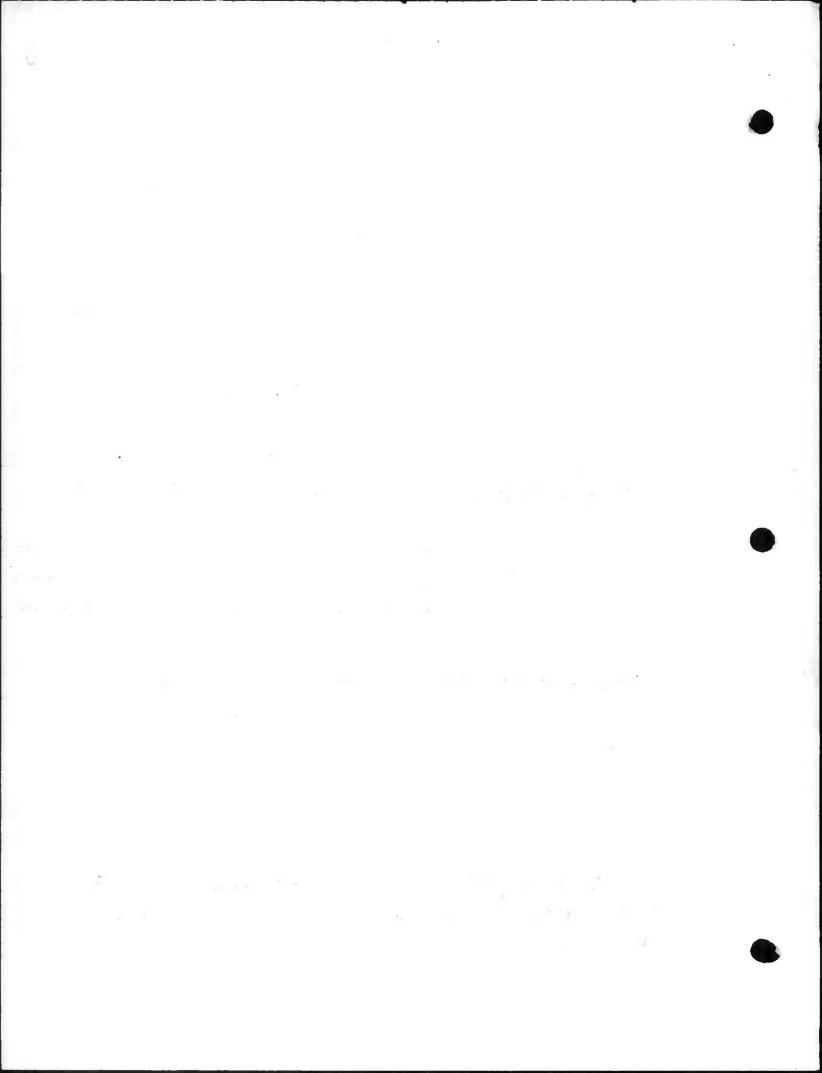
1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 2/28 brownsville, md. Grownsuille Heights Cometery 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY John t. Williams Funeral Home rurs after death. Barbara A. Williams - OWNER 100 petersuille Road Brunswicke, Md. 21716 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory streat, Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death the diseese or condition Retastatio 2 years event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760. that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY signed by the any 1 TYES 2 -- NO OF DEATH? 1 YES 2 NO been s PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. PORTANT: If Item 28 is marked, or Item 23 is 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: t YES 2 AO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Hatural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide determined COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as attend TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner ea stated. 29b. SIGNATURE AND TYPE OF CERTIFIED 29d, DATE SIGNEDy (Month, Day, BE 29c. LICENSE NUMBER TED 2 300

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1 Neuris 2 Committee 1 Neuris 2 Committee 1 Neuris 3 Neurosit from State 1 Neurosit			ings				-		ip Code)		
22. PART I. Enter tips placesed, or complications finet caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, inchart as such, or heart failure. List only officiause on each tina. Approximation of the cause of the		1 XBurial 2 Cremation 3 Re	moval from State cem	etery, crematory or o	ther place)		1		1		
23. PART I. Enter the placease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS CONSCOURCE OF): DUE TO (OR AS CONSCOURCE OF): DUE TO (OR AS CONSCOURCE OF): PARTI II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN ANTOPEY TO DUE TO (OR AS A CONSCOURCE OF): DUE TO (OR AS A CONSCOURCE OF): PARTI II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25a. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 No DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DISTRIBUTION OF OF DEATH YES NO UNCERTAIN DISTRIBUTE TO CAUSE OF DEATH YE			JCENSEE	vergree			CILITY				
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The state of the s		MAR 11 1996	Julia Atrivilean	Robert						OHMH-16 Rev 1/89	



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SANDONIA LIE BAS SO NAM

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

FEBRUARY 29, 1996

State Registrar Denne

MAR 0 / 1996

31. Dete filed (Month, Dey, Year)

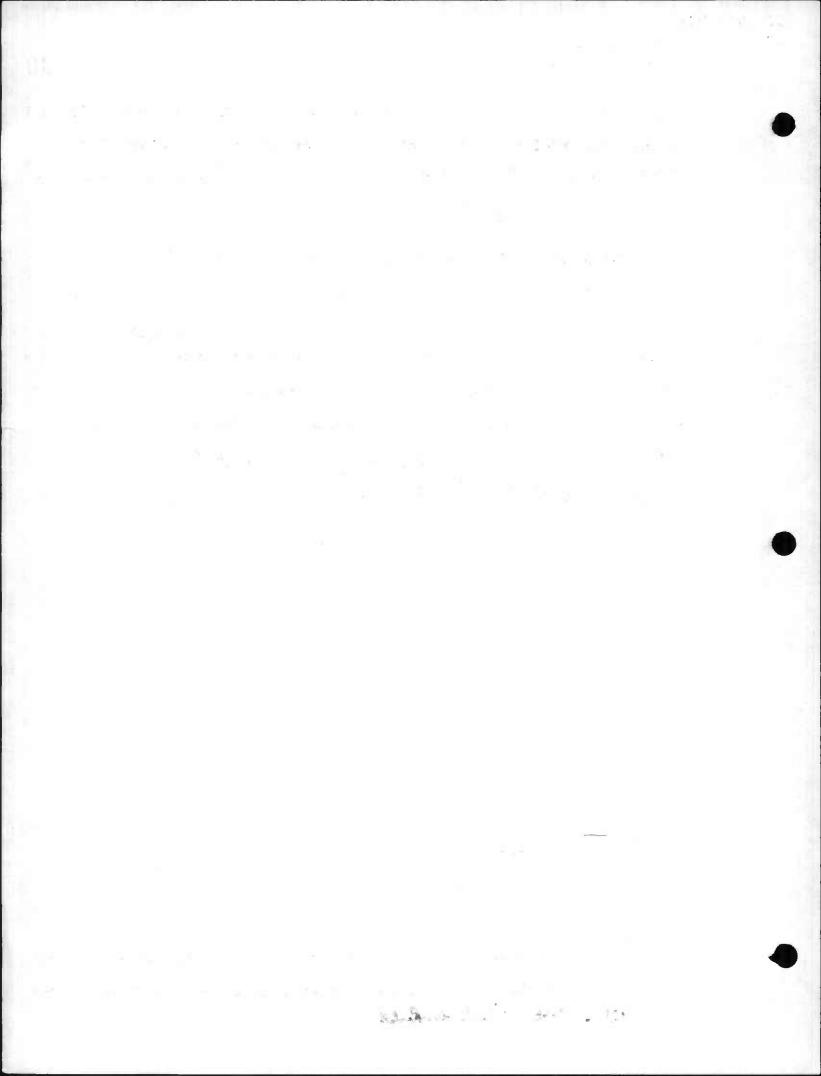
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MD

32. Degistrar's Signeture

His attender Re

30. Name and eddress of person who completed cause of death (item 23e) (Type, Print)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

10d. inside City Limits

XXYes 2 □ No

MD 20785 Approximete Interval Between Onset end Deeth

UNK

1 ☐ Yes 2 ☐ No

March 1, 1996

2. Dete of Deeth

		Physic /Medi Exami	ical
	i	uneral Director	
15-0020	n 72 hours efter death with the Meryland	"natural", or items 23a or 28e-f show edical Examiner must be notified at	leted by Funeral Director

1. Decedent's Neme (First, Middle, Lest)

Saltimore, Maryland **Physician** /Medical Examiner sician and buniel-trensit or Attending Physician: The law requires that the death certificate be executed P.O. Box 68760, attending physician for use es the bune sate hes been signed by the a page 2 should be detached it Division of Vital Records. certificate this the funeral After s after death. filled in by Hospital 24 hours To the Hosp within 24 hos To the Fune completely fi

Month HARRIS February 29 LUCILLE 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth $\begin{array}{c|c} \textbf{Cheverly} & \textbf{\textit{M}} \\ \hline \textbf{\textit{If Under 24 Hrs.}} & \textbf{\textit{8. Dete of Birth}} \\ \hline \textbf{\textit{Hours}} & \textbf{\textit{Min.}} \\ \hline \textbf{\textit{9-7-1931}} \\ \end{array}$ Prince George's Hospital GEORGEIS Prince 7. Age (In yrs. lest birthdey) if Under 1 Yeer 5. Sociel Security Number Birthpiece (Stete or Foreign Country) Deys Months 1 M 2 XF 415-44-7115 64 Yrs Tennéssee Usuai Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location Maryland Prince George Glenarden 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7936 Grant Drive 20706 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 230 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American indien, Bleck, White, etc. 11. Maritai Status 1 ☐ Never Married 2 ☑ Merried 1 ☐ Yes 2 € No Specify: Black. Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed withir Department of Heelth end Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, the Mandres. Elementary/Secondery (0-12) College (1-4or 5+) 12th Homemaker Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Charles James Levell Carrie Bell Walker 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7936 Grant Drive, Glenarden, MD 20706 Rudolph Harris/Husband 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete XOBuriei 2 ☐ Cremetion 3 ☐ Removel trom State 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National 3/8/96 Arlington, VA 21. Signature of Funerei Service Licensee 22. Neme end Address of Fecility J. B. Jenkins Funeral Home 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart teilure. List only one cause on each line. Immediete Ceuse (Finei . ESOPHAGEAL CARCINOMA, Undifferentialed disease or condition resulting in deeth) Due to (or es e consequence of): Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence ot): Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Š 24b. Were eutopsy findings avelleble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 2 🗷 No Be 25. Wes case reterred to medical 26. Piece of Death (Check only one) examiner? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Pleca ot Injury - At home, farm, street, tectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and plece, end due to the cause(s) end menner steted. 29a. Certifier Medical (Check only 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) & Bergar MD 025925

State Registra

Wisconsin Ave Bethesda, md 20814 #205 7720 32, Registrer's Signeture

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

J. BERGER MD

31. Dete filed (Month, Dey, Year) MAR 05 1996

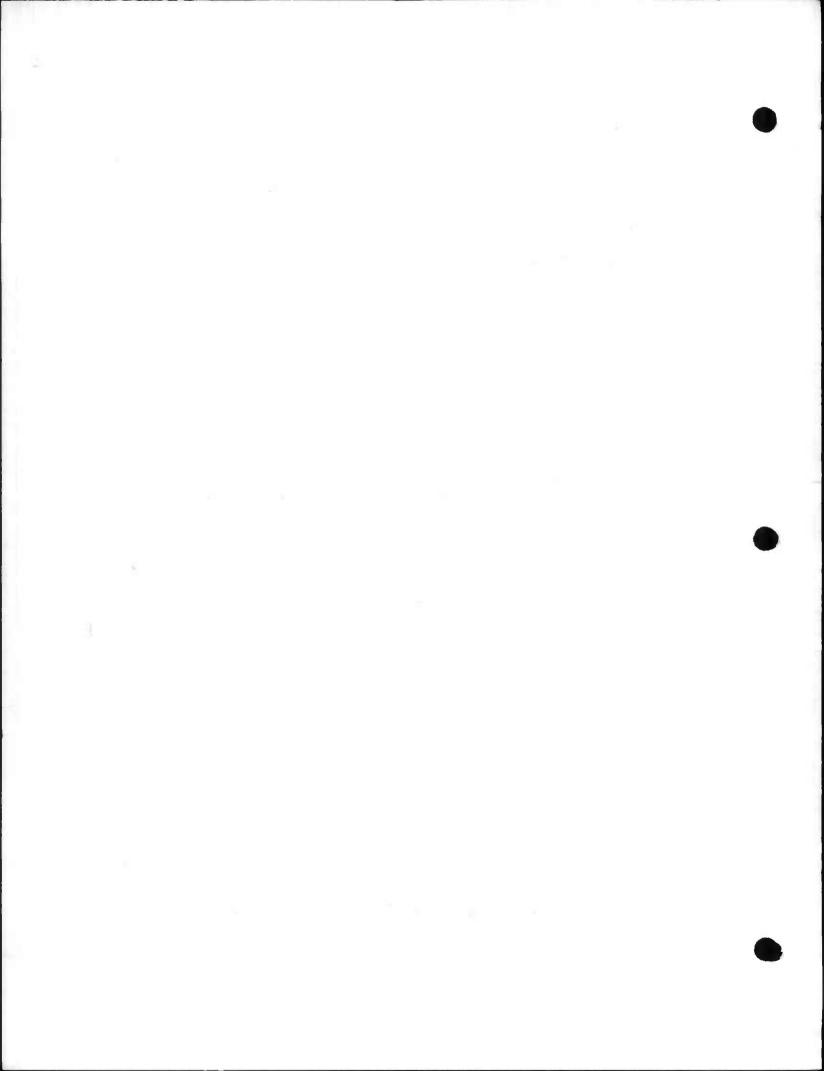
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	4	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH DAY		3. TIME OF DEATH
		Rudolph P. Ins	ley				MONTH O3	UT		6 08.75 M
		4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birthday	y) IF UNDER 1 Y	EAR IF UNDER 24 HRS.			1 8.	BIRTHPLACE (State or Foreign
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Pin		9a. FACILITY NAME (If not institution, give s		73						Maryland
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ر. د.	Ö	Dorchester Ge	neral Hos	spital	C	ambridge			Dor	chester
\$ `	2	10a. STATE 10b. COUNTY			TOTAL PROMISE OF A	D LOCATION				
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ped	¥ I	10e. STREET AND NUMBER				101. ZIP CODE				OF WHAT COUNTRY?
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215 arten se as	8	15. DECEDENT'S EDUC	CATION	16a. DECEDENT	'S USUAL OCCU	JPATION	16b.	KIND OF BUSIN		
or ur	E	(Specify only highest grade Elementary/Secondary (0-12)	College (t-4 or 5+)	life. Do NOT	of work done durir use retired.)	ng most of working				
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ALTIMOF leath. Page 6 m funeral director. xaminer must		4 Donation 5 Other (Specify)		Dorches	ter M	em. Pk.	3-10	Cam	bria	ge, MD.
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B after d n by the removal.		Malley W	Vian-10	16 mure	30	8 High S	t., (ambri	.dge,	MD 21613
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87 Surfed	z		MASS	SIVE VU	LMON	MRX CM	BOLV	15		Hours
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o.O. BC n certificate nding physic Hygiene pri or other tr	Ĕ		4	AS A CONSEQUENCE						1 year
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the find within 72 hours after death with the State Dent, or Health and Mental Housene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, MAR 1

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32. REGISTRAPIS SIGNATURE Partall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR 16:43FM ANN FEBRUARY 2 Louise 96 7. DATE OF BIRTH (Month, Day, Year, Aug 7, 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 X F 579-09-8125 80 1915 Washington DC Sc. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SOUTHERN MACHEND HOSPITAL trince George CHNOON DIRECTOR 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Clinton Maryland Prince George 1 TES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5403 Chris-Mar Ave 20735 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. Never Merried 2 Merried 3 Widowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ▼ NO Specify: BY White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 12 Telephone Operator C & P Telephone 17. FATHER'S NAME (First, Middle, Last) James William Jones, Sr. Annie Mary Anderson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 5403 Chris-Mar Ave., Clinton, Maryland 20735 RISTITIC 110

200. METHOD OF DISPOSITION

1 Buriel 2 X Cremetion 3 Removal from State

4 Donation 5 Other Copyrity Ristina L. Hendricks 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Crematory March 2,1996 Clinton, Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, Md 20735 Motor 23. PART I. Enter the diseases, or comp s that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between Onset and Death shock, or heart failure. List orti one cause on each line IMMEDIATE CAUSE (Final HOURS disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not reauting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\bar{\text{\tint{\text{\ti}\text{\tin}\tintte{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texiclex{\text{\text{\texi}\tint{\text{\text{\tintett{\text{\texi}\ti 26. PLACE OF DEATH (Check only of 25. WAS CASE REFERRED TO MEDICAL OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) **EXAMINER?** 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

//Check only

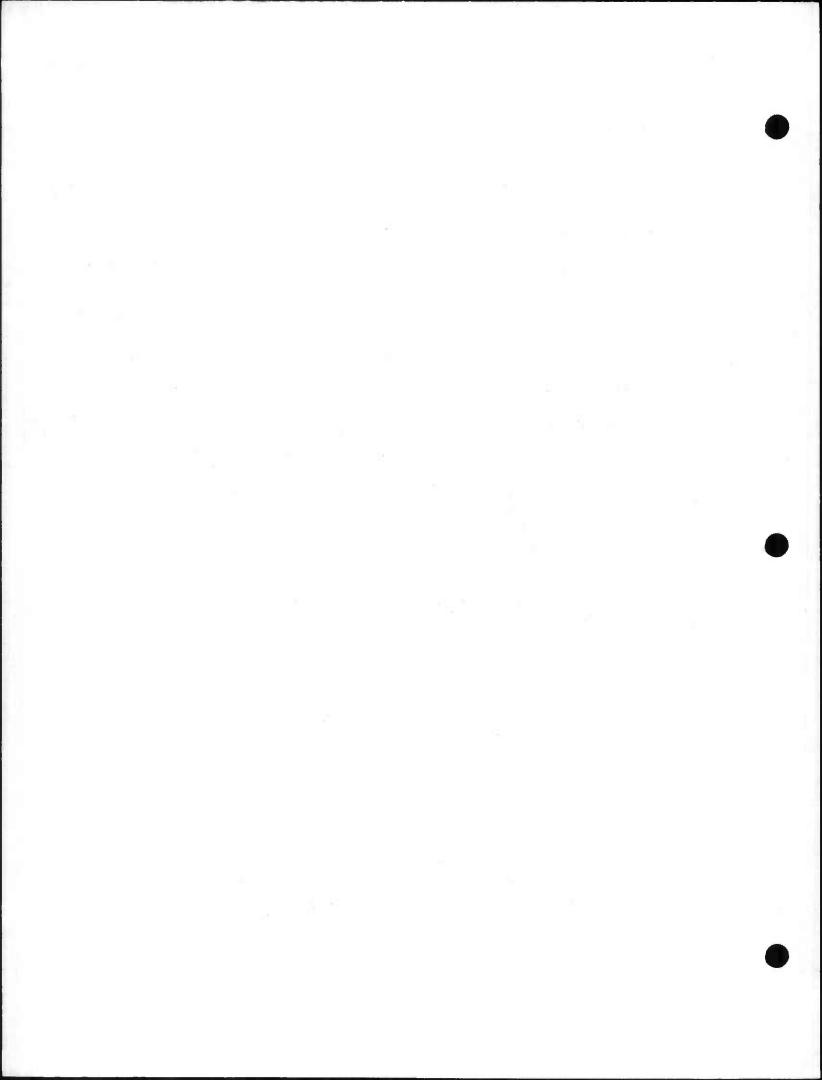
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beets of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner se stated.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1000 Print) SVARPASS ED CLISTON MO

D35909

96

29,



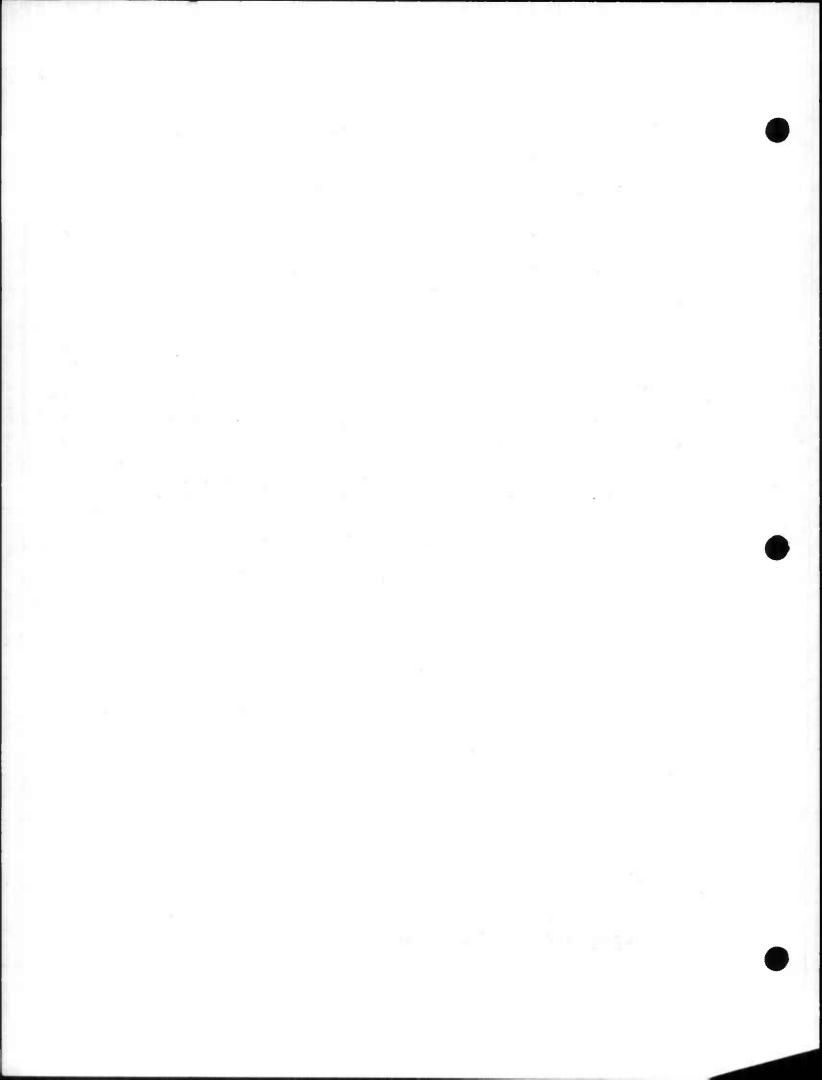
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the brospital.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			TAL HYGIEN			00004	
		rev		JOHN	SON	Me	ATE OF DEATH DNTH BRUARY	24,1	YEAR	3. TIME OF DEATH	
~	4. SOCIAL SECURITY NUMBER 214-12-6673 90. FACILITY NAME (If not institution, give s	1 M 2 F 74			HOURS OR LOCATION	MIN. DE	ATE OF BIRTH fonth, Day, Year)	921 9c. COUI	S. BIRTHE Country M	aryland	
DIRECTOR	PENINSULA REGION RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Wi		10c, CIT	Y, TOWN OR LOCATIONS				WIC	OMICO	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
D BY FUNERAL	10e. STREET AND NUMBER 6698 Forest Gr 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU	OVE Road 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS D If yes, 1 U	2184 ECENDENT OF apocity Cuban, ES 2 1 NO	HISPANIC OR Mexicen, Pue	IGIN7 (Specify Yerto Ricen, etc.)	e or No—	S.A 14. RACE Black, Specify	American Indian, White, etc.	
BE COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Phillip Johns	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	nost of working	R'S NAME (FA	NC	one			
TO	19e. INFORMANT'S NAME (Type/Print) JOYCE JOHNSON 20e. METHOD OF DISPOSITION 1 Burles 2 Cremation 3 Rerr 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIE	loval from State 20 ce		Box 2 OF DISPOSITION Diher place) Cres 22. NAME	07, Ge	orget	sa Sa	199 DCATION —	47 City or Tov		
NOI	23. PART I. Enter the diseases, or shock, or heert feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR AS	od the death. Do each line. Yill V A CONSEQUENCE O	rol enter that Vego(Us) Pi: Vego(Us)			Calisbu Cardlac or read Tun			Approximate interval Between Onset and Death Minds	
A. CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificent condition	ds_contf(butting to deeth/	AS A CONSEQUENCE OF):						S AN AUTOPSY 24b, WERE AUTOPSY FI		
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	cells +M	PERFORMEP? 1 YES 2 NO WANALABLE PR COMPLETION OF DEATH? 1 YES 2						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
В	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	26e. DATE OF INJURY (Month, Day, Year)	IV — At home, farm,	ME OF 28c. JURY 1	ome 5 Resi	28d.	DESCRIBE HOW LOCATION (Street	end Number		oute Number,	
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only)	building, etc. (South library in the best of my known in the best of examination in the best of examin	wledge, death occurr					enner ee sta		end manner ee stated.	
TO BE	29b. SIGNATURE AND TITL OF CERTIFIE 30. NAME AND ADDRESS OF SERSON WI	(wv)	EATH (ITEM 27) (Type	o, Print	29c. LICEN	SE NUMBER	Shina	29d. DAT	E SIGNED	(Mogin, Day, Hour)	
	31. DATE FILED (Month, Day, Year) FEB 2 7 199	32. REGISTRAR'S SIG	NATURE RONALL	1000	-	400	31/10/	M		1001	



Pages 1, 2, 3 should

permit.

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BY

COMPLETED

BE

2

3 Suicide

4 Homicide

6 Could not be determined

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a		
the ho	e detach		t once.
retained by	should b		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH YEAR February 0934 SARA MARIE JONES 996 one 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) 6. AGE (In yrs. lest birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F 71 220-12-1367 Sept.16,1924 Md. 9e. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e STATE 10d. INSIDE CITY Delmar De. Sussex 1 YES X NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 19940 USA Rt.#2 Box 346 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Bleck, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3 📉 Widowed 4 🔲 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Floor Lady Garment Co. 11 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Fannie Robinson Bennett Gordy E. Bennett BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 P.O. Box 174 Delmar, De. 19940 Patricia A. Short 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Burlei 2 Cremetion 3 A St. Stephens Park Donation 5 - Other (Specify) Delmar, De. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY William Short Funeral Home, Inc. 13 E. Grove St. Delmar, De. 19940 23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such se cardiec or respiratory errest, shock, or heart feliure. List only one cause on each line. Approximate Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition 202 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗷 NO 🗆 UNCERTAIN 🗆 PHYSICIAN: 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL

OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 146 inpatient 2 - ER/Outpatient 3 X DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending Investigation 2 Accident

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

26e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)

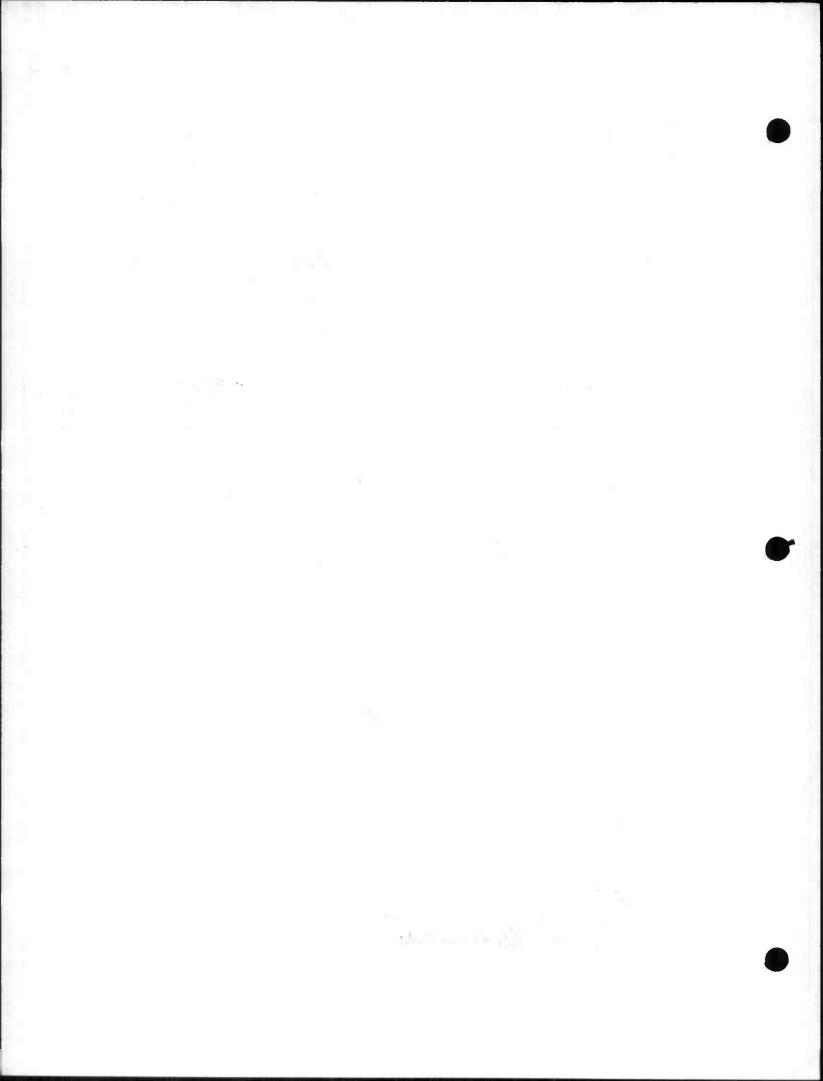
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF MENTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DELMAY, MD 21875 3 BI-51PM Dr Joseph Inzerills

31. DATE FILED (Month, Dol, Year)
FEB 2 7 1996 32. BEGISTRAR'S SIGNATURE 26-

281, LOCATION (Street and Number or Rural Route Number City or Yourn, State)



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

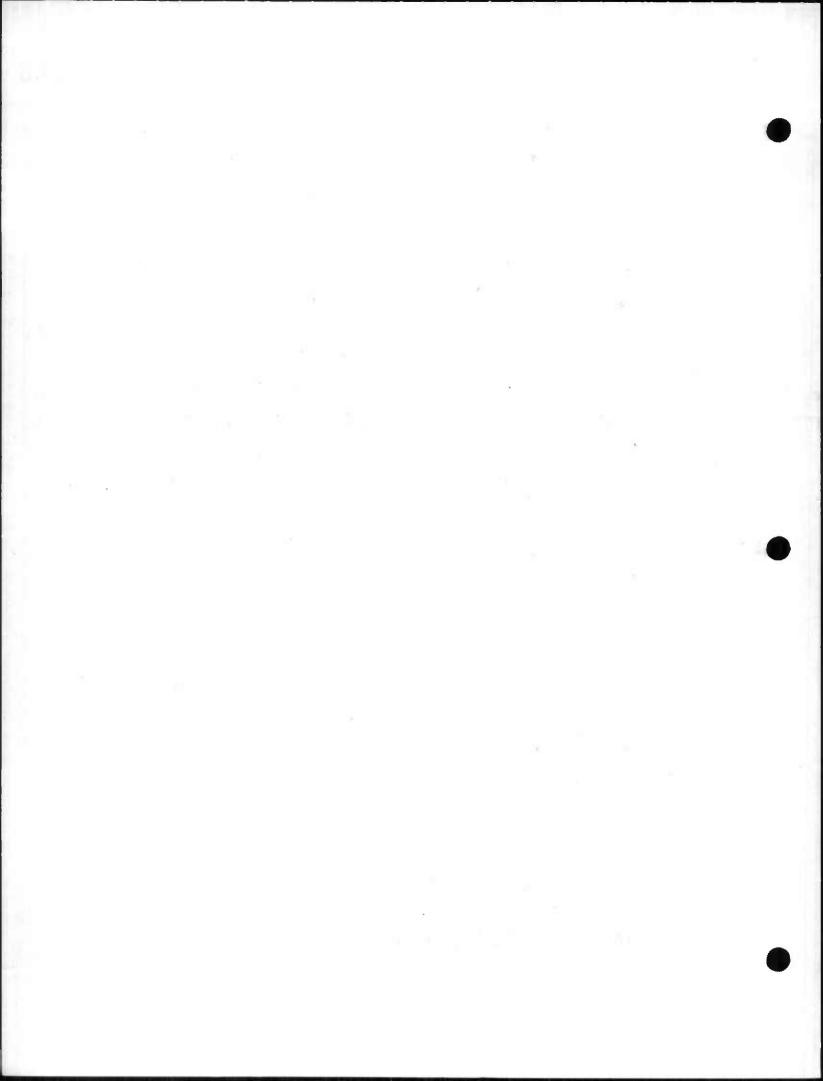
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

\neg														
1	1. DECEDENT'S NAME (First,	Middle, Last)				1	1			2. DATE MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
	WILLIA	M E	VERETT			1	ohn	son	-	ma	non 4	+ 19	96	1557 M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER			R 24 HRS.	7. DATE	OF BIRTN Day, Year)			IPLACE (State or Foreign
	212-18-6720		1 X M 2 - F	81	YRS.	MONTHS	DAYS	HOURS	MIN.				D A D C	ONSBURG, MD.
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)		9b. CITY, TOWN OR LOCATION OF DEAT									
œ														
2	PENINSULA REGIONAL MEDICAL CENTER						SALI	<u>S BUR</u>	Y			W	ICOM.	LCO
DIRECTOR	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
Ē	MD	TITO	OMICO											LIMITS?
	MD.	WIC	OMICO			PAR		BURG				_		MX YES 2 □ NO
ゑ	10e. STREET AND NUMBER						10	. ZIP COD	Œ			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	32898 GRANT	ST.,	P.O. BOX	103				218	49				USA	
5	11, MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.					OF NISPAN		? (Specify Ye	s or No—	14. RACE	E — American Indian, k, Whita, afc.
	1 Never Married 2		IF YES, GIVE V		_ NO				Specify		ncan, etc.)		Speci	
B	3 Wildowed 4 Divo	rced				- 1		^					1	WHITE
		EDENT'S EDU y highest grade		18a.	DECEDENT'S (Give kind of	USUAL O	CCUPATION	ON	10.0	16b.	KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)	auring me	IST OF WORK	ing					
4	8				NG HA	UL T	RUCK	DRI	VER		TRUCK	TNG		
<u>S</u>	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First. A	fiddle, Malden			
	MANLIUS E	VEDETT	TOHNSON					14.5			SIMM			
H H	19a. INFORMANT'S NAME (7		301113011				0.40-				er. City or Tow	-		
2							11.						p Code)	
	BARBARA M			-	RD 2,				AFUR		-	973		
	20a. METNOD OF DISPOSIT		oval from State		cremetory or c			ame of		DATI	20c. LC	CATION -	- City or To	own, State
	4 Donation Donation			SAL	SBURY	CRE	MATO	RY	3	-110-9	96 S	ALIS	BURY	MD.
	21. SIGNATURE OF FUNERA	L SERVICE LE	ENGER						ESS OF FA		IOME	D A		
	A /a.	. 1) 5	KI the	myagor							HOME,		***	ND 0100/
_	Jan	ne j	_	_										MD. 21804
	23. PART I. Enter the d					not antei	r the mo	de of dy	/Ing, suc	h ss card	lac or resp	iratory a	rreat,	Approximate interval Between
		ahock, or heert failure. List only one cause on each line. MMEDIATE CAUSE (Final									Onset and Daath			
- 1	disease or condition		Aci	le 14	ma !	12	7,1	Lin	0					
	DUE TO (OR AS A CONMEDUENCE OF):										<u> </u>			
_			ROSN	wet	874	2	7.	l.,,	-0					j
CERTIFICATION		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
ξl	If any, leading to imme cause, Enter UNDERLY		17509017		this is a constitution from the first								j	
ပ္က	CAUSE (Disease or Inju		C. DUE TO	(OR AS A CON	CONSEQUENCE OF):									
Ē	that initiated events resulting in death) LAS	т												
<u> </u>			d											
. 1	PART II. Other significa	int condition	na contributing to	deeth but n	ot resulting	In the u	nderiyin	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
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EDICAL											1 YES	2 X NO		OF DEATH?
×														1 YES 2 NO
ÿ	DID TOBACCO U	ISE CONT	RIBUTE TO CA	USE OF D	EATH Y	ES 🗆	NO [UN	CERTAII	N 🗆				
<u></u>	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL		26. P	LACE OF DEA									
S	1 TYES 2 NO		HOSPITAL:	ER/Outpatien	1 3 DOA	OTHE 4 Nu		10 5 A	Rasidenca	6 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF		28b. TIR	AE OF	28c. IN.	JURY AT			CRIBE HOW	INJURY O	CCURED	
- 1	1 Netural 5	Pending	(Month, I	Day, Year)	IN	JURY M		YES 2	□NO					
B	2 Accident	Investigation	28a, PLACE (OF INJURY — A	I home farm	street fac				281 1.00	ATION /Street	and Numb	er or Burel	Route Number,
	3 Suicide 6 4 Homicide	Could not be determined	building	atc. (Specify)				-		City	or Town, State)		Total Truttada,
COMPLETED														
립		TIFYING PHYS	ICIAN: To the best o	f my knowledge	, death occur	red at the	fime, date	and plac	a, and dua	to the cau	ise(s) and ma	nner sa st	ated.	
S	one) 2 MED	ICAL EXAMINE	R: On the basis of a	xamination and	/or Investigati	on, in my	opinion,	death occi	ured at the	time, data	and place, a	nd due to	fhe cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R		7			29c. LIC	CENSE NUI	WRER		29d, DA	TE SIGNES	3 (Myret), Day, Year)
	Buign	-	H Me	ene	/			×	20 4	12		P .	3/0	191
2	30. NAME AND ADDRESS O	, , ,	O COMPLETED ON	ee be or	TEM OF C	Del-4		<u> </u>	3074	2		-	0/0	/16
		F FERSUN WI		JA A		1		,.		/				
	Dr. Benjamin	Meyo	M.U.	403	ZUINA	1 5	T.	SALI	SPUTY	M	2180	0/		
	31. DATE FILED (Month, Day,			AR'S SIGNATUR	E O				/					
- 1	MAK	06 199	10 Jahr	Shurless	hardall									



96-1184-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Months

Department	OI I	realin	and	Mentai	пу
Certificate	of	Death	7		

	1. Decedent's Nema (First, Middle, Last)
Physician /Medical	FREDERICK
Examiner	4a. Facility Name (If not Institution, giva s

FREDERICK Douglas 4a. Facility Name (If not Institution, giva street and number)

2. Dete of Death Month MARCH JONES II 4b, City, Town, or Location of Death

3. Time of Death 1996 5:00P.M

LOUDON DRIVE 5. Social Security Number 241-52-9217

FT.WASHINGTON If Under 24 Hrs. Hours Min. If Under 1 Yaar

PRINCE GEORGES

4c. County of Deeth

10g. Citizen of What Country?

Funeral Director

28a-f show

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Herns

Pages 1 and 2 should be filed within 72 hours after then of Health and Mental Hygiena.
Int: If them 27 is marked other than "natural", or ite

Department of Health a important: If frem 27 is any injury or other trau once.

Physician

that the death certificate be axecuted

Box 68760

P.O.

Division of Vital Records.

/Medical Examiner

physician and tha burial-tran

usa ò

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signed b

page 2

filled in by

within 24 hours a To the Funeral C complately filled

cartificata

To the Hospital or Attending Physician: within 24 hours aftar death. To the Funeral Director: Aftar this cardition

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Baltimore, Maryland 21215-0020

traumatic event, the Medical Examiner must be notified at

Funeral

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Completed

Be

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Examiner

Physician/Medical

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Completed

Be

Certification: To

Medical

tha Maryland

death

10a. Stata Maryland
10e. Street and

Usuel Rasidance of Decedent

7727 Loudon Dr.

10b. County 10c. City, Town or Location Prince George Ft. Washington

1**X**) M 2□ F

10d. Inside City Limits

17 Yas 2 No

Birthplece (State or Foreign Country)

Hamlet, N.C.

10e. Street and Number

12. Was Decedant Evar in U,S. Armed Forces?

20744 Wes Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.)

11. Merital Status

1 Naver Married Married 3 ☐ Widowed 4 ☐ Divorced

1XXYes 2□No If Yes, Give Yaar or Datas Retired

57

7. Age (In yrs. lest birthdey)

Yrs.

1 ☐ Yas 2 No

10f. Zip Code

Days

14. Race - Amarican Indien, Bleck, Whita, etc. Specify: Black

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12)

16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa retired) College (1-4or 5+) Senior Computer Program Analyst US Navy

16b. Kind of Business/Industry

USA

Reg. No

8. Dete of Birth (Month, Dey, Year)

June 7,1938

17. Father's Neme (First, Middla, Last)

Frederick D. Jones

Alma Howard

19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Wife

same as item 10

Janice M. Jones

20a. Method of Disposition

1 Disposition 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Neme of cematary, cremetory or other pleca) Metropolitan Crematory

20c. Location - City or Town, Stete Alexandria,Va.

21. Signature of Funerel Sarvice Licansee

also

22. Nama and Address of Facility George P. Kalas Funeral Home

6160 Oxon Hill Rd. Oxon Hill, Md. 20745 thet causad tha death. Do not enter the mode of dying, such as cardiac or raspiratory arrest,

18. Mother's Neme (First, Middle, Meiden Sumeme)

Dete

3/5/96

. Enter tha disaasa, or complication

Due to (or es e consequence of):

Approximete Intarval Between Onset end Deeth

Immediete Ceuse (Final disease or condition resulting in deeth)

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting In deeth) Lest

Due to (or es e consequence of):

Due to (or es a consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes an eutopsy performed?

24b. Were autopsy findings eveileble prior to completion of causa of deeth?

2 No

2∏ No

25. Wes case referred to medical exeminer? 1K Yes 2□ No

27. Manner of Deeth

1 Neturel

2 ☐ Accident 3 ☐ Spicide

4 - Homicide

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 5 Pending Investigation

28b. Time of Injury 15204/15 28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Homa 5 N Residence 6 Other (Specify) 28d. Describe how Injury occurred

Enlige at shot (Streat end Number or Rural Routa Number, own, Stete) 79 2 7 27 Loundon

29a. Certifier

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (apacify)

non

d 2/4/96

backyon

| Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es stated.

| Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es stated.

| Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) and menner stated. 29c. License number 29d. Data signed (Month, Dey, Year)

29b. Signature and titlerof certiful

O.C.M.E.

MARCH 5,1996

30. Neme end address of person who completed cause of theth (Item 23a) (Type, Print) 31. Dete filed (Month, Dey, Year)
MAR 07 1996 ODO REMIKING

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201

26. Plece of Deeth (Check only one)

State Registrar 32. Registrar's Signat

A Company of the Comp

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF CEATH February 26, 1996 **HENRY** WALTER JONES 3:58 aM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS DAYS HOURS 1 XM 2 | F 85 YRS. 218-14-4452 October 5, 1910 Maryland 9a. FACILITY NAME (If not Institution, give street and number, 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF GEATH DIRECTOR 409 Pinehurst Ave. Salisbury Wicomico RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e STATE 10b COUNTY 10d. INSIDE CITY Maryland Wicomico Salisbury OXXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 409 Pinehurst Ave. 21801 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American indian, Black, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KINO OF BUSINESS/INOUSTRY Elamentary/Secondary (0-12) College (1-4 or 5 +) COMPL 11 1 Agent Insurance once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry W. Jones notified at Dennis Laura BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Josephine R. Jones 409 Pinehurst Ave., Salisbury, MD 21801 must be 20a. METHOD OF BISPOSITION
15€ Burlat 2 Commatton 3 ☐ Removal from Stata
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 2/28 Wicomico Memorial Park 5 Dthar (Specify) Salisbury, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 9/ Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Aderocarcinoma of the One year resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated avants reauiting in death) LAST 10 Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any **COMPLETION OF CAUSE** 1 YES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN X PHYSICIAN: 23 26. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL Hem HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Rasidenca 6 - Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident HOSPITAL OR ATTENDIN FUNERAL DIRECTOR: Aft within 72 hours after dea RTANT: If Item 28 is in 28e. PLACE OF INJURY — At home, farm, streel, factory, office 3 Sulcida 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datarmined COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 73
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ► FE6. 27. N. D. 030690 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MORITY, BOY, YOUR 1996

Martin

12 REGISTRATE'S SIGNATURE

N.O.

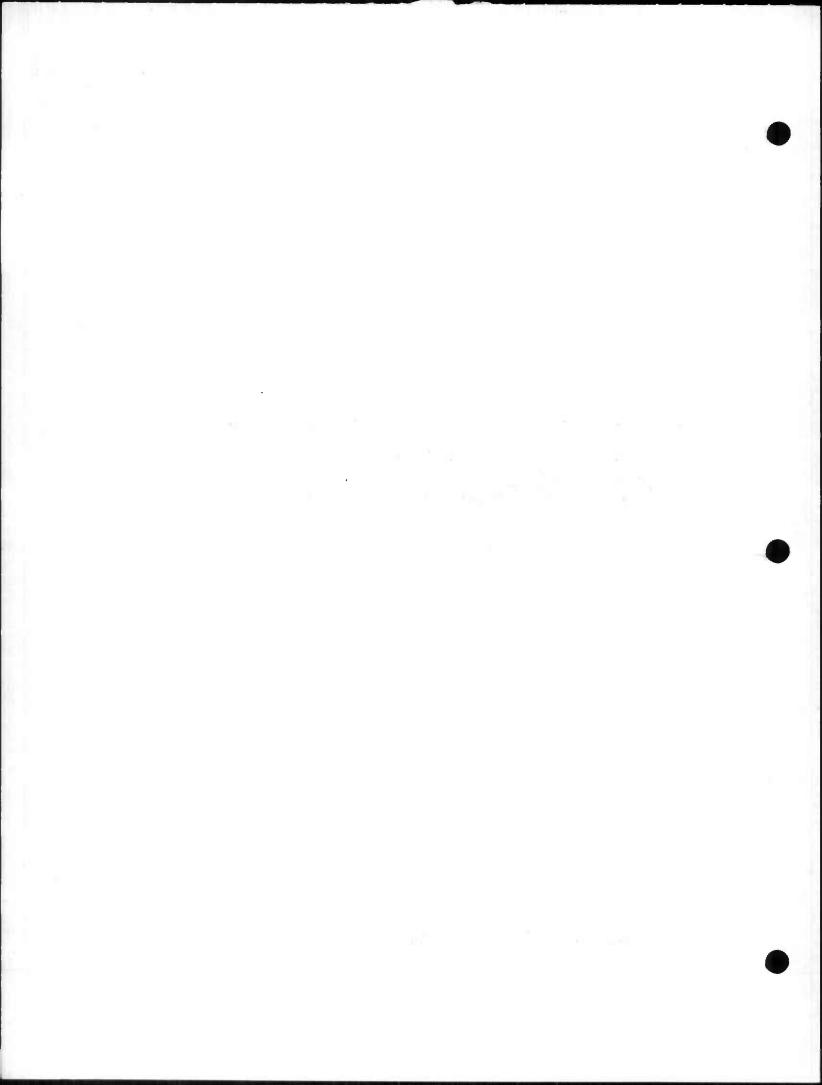
145 E.

Carroll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



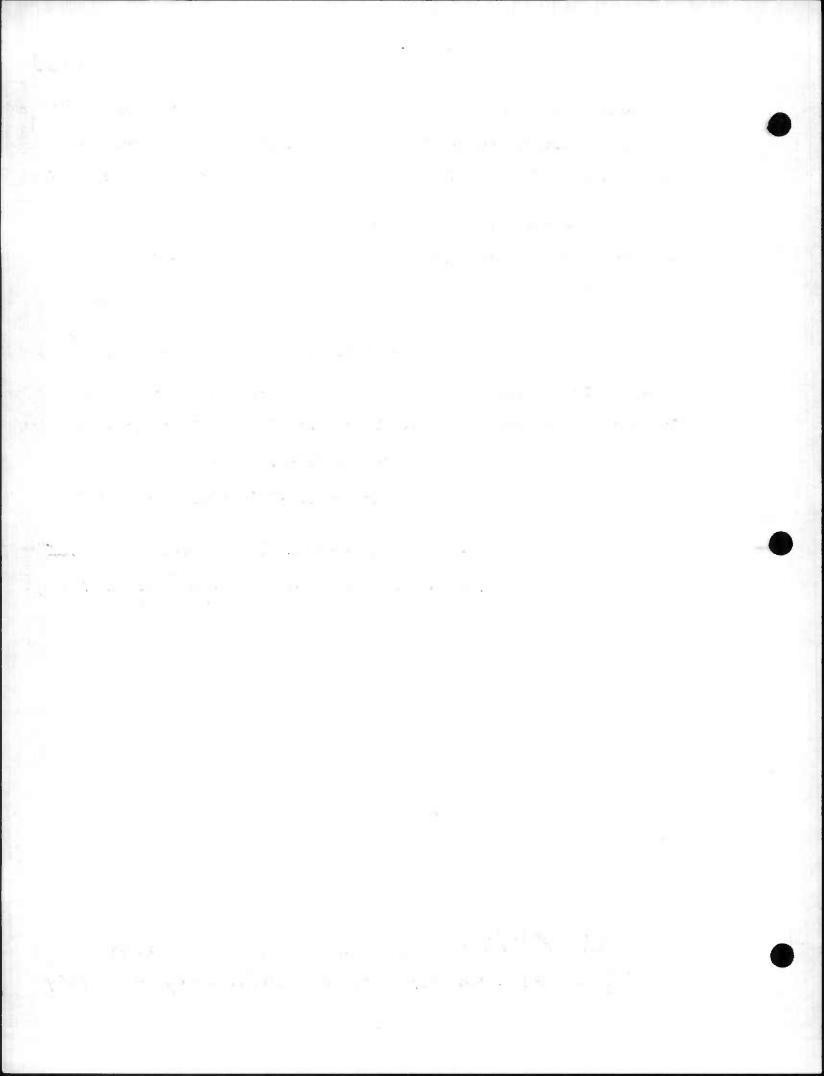
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O. C.

		Decedent's Name (First, Middle, Li	ast)		Certific			2. Date of De Month		Veer	. Time of Deat							
Physician /Medical Examiner	1 -	THOMAS L. 4e. Fecility Name (If not institution, gi				4	lb. City, Town, or	3/ Location of Deet	11/ 9	90	12:07							
uneral					last birthdey) If Ui	nder 1 Yeer ths Deys	Berlin	8. Dete of Bir		9. Birthplece	er e (State or For							
irector		215-20-1140 Usuel Residence of Decadent	TOUR ZEF	70	Yrs.			10/1	8/25	Mary								
4 show		Md. Wor	cester	10c. City	, Town or Location	0:					Inside City Lin 1 XYes 2							
be notified at	3	10e. Street and Number	cester	J	Ocean 10f	. Zip Code			10g. Citizen of Wi	hat Country?)							
ral F	101	410 Lark Lane,				2184			U.S.A. ecify Yes or No-									
al', or items 23e Examiner must. by Funeral	2	11. Maritel Status 1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 1 If Yes, Give Year or Detes:	1943		ecedent of Hi specify Cube s 2 2 No	ispenic Origin? (S in, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Rican, etc.) Bleck, White, etc. Specify: white									
thgiena. ther than "natural", or items 23e or 28e-f show and, the Medical Examiner must be notified at a Completed by Funeral Director		15. Decedent's E (Specify only highest gr	ducation	1945	16a. Decedent's l (Give kind or life. DO NO	Usuel Occupa f work done o	ation during most of wo	rking	16b. Kind of Bus									
t of Meetith and Mentel Hygiene. If them 27 is marked other than "neture or other treumedic event, the Medical To Be Completed		Elementery/Secondery (0-12)	College (1-4or 5 5+	i+)			octor	Medical Office										
	0	17. Fsther's Neme (First, Middle, Las. Charles Irwin						ame (First, Middle, Melden Surname) e Mae Lawson Jones										
		19a. Informant's Name/Reletionship					end Number or R	ural Route Numb	er, City or Town, S	State, Zip Co								
	- 1-	Randa S. Jones, Wife 20a. Method of Disposition 1 Buriei 2 Cremetion 3 Removel from State					Dete	cean Ci 20c. Location - C										
Important: If It any injury or once.	-	4 □ Donetlon 5 □ Other (Speci 21. Signeture of Funeral Service Lice	fy)	Md	. Veter	ans C		3/13	Beulah	, Md	•							
Importar any inju		21. Signatura di Furiara Sarvica Lica	11366		Dei		Funera:	Home,	P.O.	Box 8	87							
rsician ledical aminer gullet				-valillier	Examille	Examiller	Cyalliller	o r	Immediate Cause (Finel disease or condition resulting in death)	a. Ce	Due to (or	ti m	yreo	inderin	e wit	austin	7	- home.
and Il-transit Xamine	2	Sequentially list conditions,	b	lo	as e consequence		hemie	care	himega	M I	1/29							
tranding physician and or usa as the burial-transit laryMedical Examine	To a second	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest	c	Due to (or	ا لحا	of):	hamie	can	himyga	M I	'lzy							
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has been signed by the attanding physicia ge 2 should be detached for usa as the bur mpleted by Physician/Medical	The state of the s	resulting in death) Lest Pert II. Other eignificant conditions of	d	Due to (or	as e consequence	of):	en in Part I.	23b. Did 1 □ 24e. Was perfo	tobacco use cont Yes 2 No en autopsy rmed? Yes 2 No	zribute to the 3 Probable 24b. Were availate comple of deal	ly 4 Unk							
cardificate has been signed by the attending physicial rector, page 2 should be detached for use as the bure been been been been been been been be		thet initiated events resulting in death) Lest	d	Due to (or	as e consequence es e consequenca ulting In the underlyi	of):	en in Part I. 26. Plece of De	23b. Did 1 □ 24e. Was perfo	tobacco use cont Yes 2 No en autopsy rmed? Yes 2 No	24b. Were aveilat complet of deal	ly 4 Unking utopsy finding to the prior to etion of cause th?							
his cartificate has been signed by the attending physicial director, page 2 should be detached for usa as the bur To Be Completed by Physician/Medical		25. Wes case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending Investigation of Could not a suicident of Could not be seen to be suicided.	d	Due to (or Due to (or ut not resu nt 2 1977 Y Year)	es e consequence es e consequenca liting in the underlyii	of): of): of): Of): Of): 28c. Injury Work 1 🗆	en in Part I. 26. Plece of Deer: 4□ Nursing I	23b. Did 1 □ 24e. Was perfo	tobacco use cont Yes 2 No en autopsy rmed? Yes 2 No one) dence 6 Other how injury occurre	24b. Were aveilat comple of deel 1 Ye	ly 4 Unk. autopsy findir ble prior to etion of cause th?							
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ctor: After this cartificate has been signed by the attending physiciary the funeral director, page 2 should be detached for use as the bur floation: To Be Completed by Physician/Medical		Pert II. Other eignificant conditions of the con	d	Due to (or Due to (or Due to (or ut not result y Year) ury - At hoo c. (Specify, of my know examinet	as e consequence es e consequenca es e consequenca es e consequenca es e consequenca es e consequenca es e consequenca es e consequenca es e consequenca es e consequence es e c	of): of): of): ng cause give 28c. Injury Worl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en in Part I. 26. Plece of De er: 4 \sum Nursing I y at k? Yes 2 \sum No	23b. Did 1	tobacco use cont Yes 2 No en autopsy oned? Yes 2 No one) dence 6 Other how injury occurre wn, Stele)	24b. Were aveilat comple of deal 1 Yes	ly 4 Unk autopsy findir ble prior to etion of cause th? ss 2 No							
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** FEBRUARY 28, 1996 ELLA E. KLINE 12:00 p.m. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick 8. Deta of Birth (Month, Dey, Year) If Undar 1 Yaar Monthe Devs 7. Age (In yrs. last birthday) If Undar 24 Hrs. 9. Birthplace (Steta or Foreign Country) Maryland **Funeral** 10 M 20 F Deys Hours Director 216-70-0400 Oct.11,1914 Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Mt. Airy Maryland Carroll 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21771 7201 Honeybush Dr. United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Rece - Amarican Indien. Bieck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Detes: Specify: Specify: White Aq 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own home 12 should be filed w h and Mental Hygles Is marked other ti 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be D. Walter Lind Mary Lucinda Smith 2 traumetic 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum once. 7201 Honeybush Dr., Mt. Airy, Md. 21771 Gail W.Kline, Sr., Husband 20b. Piece of Disposition (Neme of cematary, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 M Burial 2 ☐ Crametion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 3/4/96 Zion Haugh's Ladiesburg, Md. 21. Signeture of Fupprel Service Licensee 22. Nama and Addrass of Facility Olin L. Molesworth, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart leilure. List only one cause on each lina. Physician Immediete Cause (Finel diseese or condition resulting in deeth) /Medical CRITICA YGAR2S Examiner Due to (or es a consequance of) Physician/Medical Examiner The law requires that the death certificate be asscuted attending physician and for use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Box 68760. Dua to (or as a consequence of): ed by the detached Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by 1 □ Yes 2 No RIGHT FEMORAL ARTERY EMBOLUS 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed been FIBRILLATION certificata has 1 □ Yes 2 No 2 No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes case refarred to medical examiner? Be 28. Place of Deeth (Check only ona) 1 Yes 2 No Hospitei: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28c. Injury st Work? 1 Neturel
2 Accident 5 Pending Investigation 1 Yas 2 No 6 Could not be 3 Suicide 28e. Plece of Injury - At home, Ierm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physicisn: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29e, Certifier Medical (Check only one) 29b. Signifure and title of certified 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

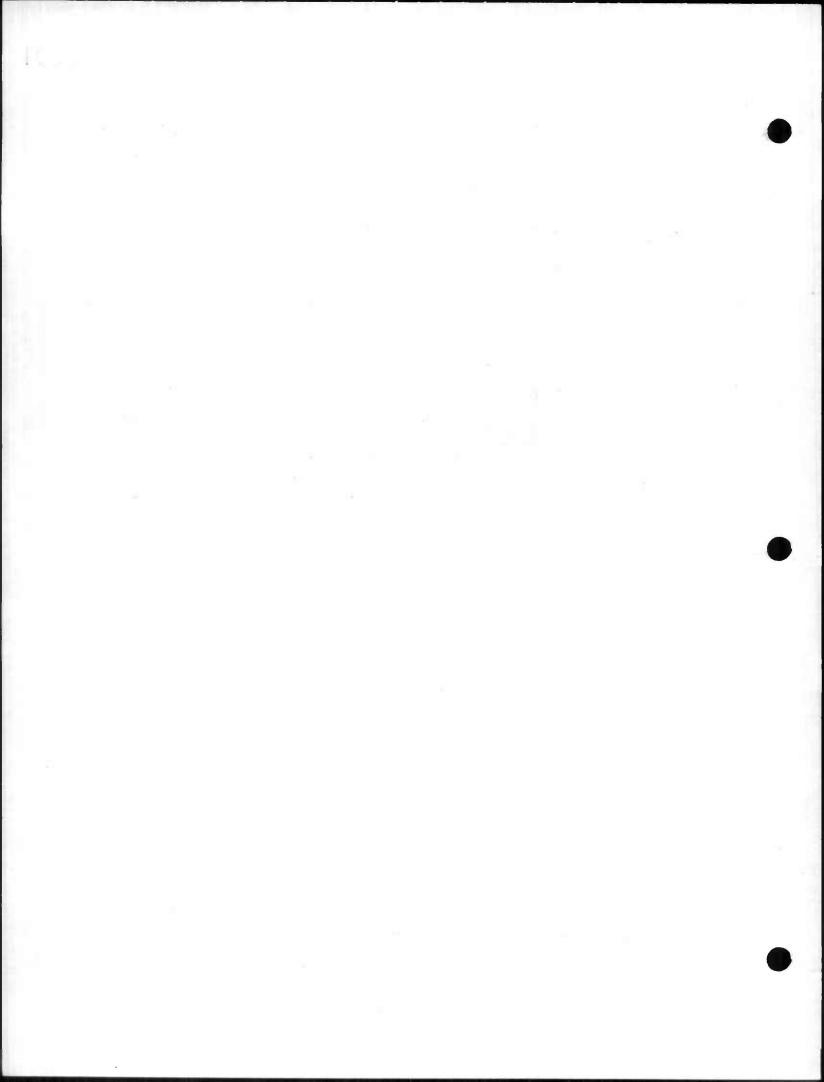
AND M. SUMMERS, 30. 915 TOWHOUSE AVE., FREDERICK, MD 21701 32. Registrar's signatura 31. Dete filed (Month, Day, Year) State MAR 01 Registrar

DHMH 16 Rev 6/95

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR; After this cert be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, o	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) JANE E	LEANOR	Xio	٥	2. DATE OF DEATH DO MAYCH 6	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 222-12-0572	1 M 2 XF 7	(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR 3, 19	8. BIRT	HPLACE (State or Foreign			
TOR	96. FACILITY NAME (If not institution, give str PENINSULA REGIONAL		ENTER		OR LOCATION OF D	EATH	9c. COUNTY OF DEATH WICOMICO				
DIRECTOR	10a. STATE 10b. COUNTY	ssex		, town on Loca (illsbor			,				
FUNERAL	402 Shroud Street	, Pot-Nets	East	10	19966		10g. CITIZEN OF U.S.	WHAT COUNTRY? A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 XNO	If yes, s		NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) 'y:	Ble	CE — American Indian, ck, Whita, atc. cetty: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	10a. DECEDENT'S (Give kind of wallife. Do NOT us) Secre	vork done during m e retired.)		18b. KIND OF BUS	SINESS/INDUSTRY					
E COMF	17. FATHER'S NAME (First, Middle, Last) Clarence S. Nor	ris	Becre	cary	16. MOTNER'S NA	ME (First, Middle, Maiden P. Dilwo:	Sumame)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Carlton P. Kipp					Route Number, City or Tow Nets East,		ro, DE 19966			
	20e. METHOD OF DISPOSITION 1 Burliai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE Prehand T. Watson Funeral Home, Inc. 211 Washington St., Millsboro, Delaware 199										
	23. PART I. Enter the diseases, or contained. Limited in the Limit	ist only one cause on	eech line.				iratory srrest,	Approximate Interval Between Onset and Death			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE (
CERTIF	that initiated eventa resulting in death) LAST d.										
PHYSICIAN: MEDICAL	Karal merel	fuy, 7	filmasle	Musica Nosica S NO [s STRUCKS	PERFOR	PMED	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:										
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJUR	Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence & Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) M 1 YES 2 NO								
	2 Accident investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28a. PLACE OF INJURY — At home, farm, etreet, factory, office City or Town, State)										
COMPLETED		ciAN: To the best of my knot: t: On the bests of examinst						e(a) and manner as steled.			
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	7	DEATH (ITEM OF COM	Christian 1	29c LICENSE NU	. 22	13/07	(Mgnth, Day, Year)			
	C.R.	LAYTON	100E CALL	coll ST	: SALiSA	buxy MD	. 2180	/			
	31. DATE FILED (MAR 11 199	6 32 AEGISTRAMES	deing Kardall								



s:	23 part I. 2	27,28a,b,c,d	l,e,f per ME				f Health and of Death	Mental H	ygiene Reg. No.	9	6 083
	1. Decedent's Na	me (First, Middle, La	nst)					2. Deta of D Month	Death Day	Yes	3. Time of De
ical	BOBBIE	E 1	RENA		K	EMBLE	3	MARCH		1996	1524 PM
ner	4a. Facility Name	(If not Institution, given	ve street end numbe	or)			4b. City, Town, o	or Location of Dea	ith 4c.	County of De	eath
	MONTGOM 5. Social Sacurity 220-90-6 Usual Residence	Number 6. 5	ERAL HOS Sex 7. / 1 M 2 K/F	SPITAL Aga (In yrs. lest b 24		f Under 1 Ye fonths De			irth Dey, Year)		IERY Birthplaca (State or Fi Country) ryland
	10a. State	10b. County		10c. City, Tox	wn or Locat	ion					10d, Inside City L
to	Maryland	Freder	ick	Mv	ersvi	11e					1 ☐ Yes 2)
Director	10e. Street and No					10f. Zip Cod	le		10g. Citis	zan of Whet	Country?
	1059	55 Ufabla	ndoobool 1	n a		21	773				
Funeral	11. Marital Stetus) nightai	ndschool 12. Was Dacedar	nt Evar In U,S.	13. Was			(Specify Yas or N		ed St.	merican Indian,
F	í € Navar Mar	rried 2 Married	Armed Forces				of Hispanic Origin? Cuban, Mexican, Pu	erto Rican, atc.)		Black, W	hita, atc.
by	3 ☐ Widowed	4 Divorced	If Yes, Give/ Year or Dates		10	Yes 2	No Specify:			Specify:	White
ted	/0-	15. Decedent's E		166	a. Deceden	t's Usual Oc	cupation	and to a	16b. Kli	nd of Busines	ss/Industry
Completed	Elementary/Sec	condary (0-12)	College (1-4o	r 5+)	life. DO	d of work do NOT use re	ne during most of и tired)	vorking			
Con	12th		-		Stude	nt			5	school	
Be (17. Father's Neme	(First, Middle, Last)				18. Mother's N	lame (First, Middle	le, Meiden	Sumame)	
10	ROBI	ERT W.	KEMBLE				ARLEN	E R.	PORT	CER	
		Name/Relationship (eet and Number or				
	ROBERT	W. KEMBL	E - Fathe:			High.		1 Rd./ M	lyers	ville,	Md. 2177
	21. Signatura of F	uneral Sarvice Lice	nsee	DE.00			emetery	3-7-96			
	Ray	the disease, or com	Pete	exon	22. N	ame and Ad	dress of Facility S	tauffer Pike/ Fr	Funer	ral Ho	ryland 21
	23a. Part1. Enter shock, or he Immediate Ceuse disease or conditi	the disease, or com art falture. List only (Final	plications that cause on each	exon	22. No.	ame and Ad	dress of Facility S	tauffer Pike/ Fr	Funer	ral Ho	me ryland 21 Approximate Intervet Between
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ai Examiner	23a. Part1. Enter shock or he inmediate Ceuse disease or condition resulting in death) Sequentially tist or if any, leading to icause. Enter Und	the disease, or coment faiture. List only ((Final on onditions, madiate lerving	plications that cause on each	ed the death. Do	22. No. 162 D not entar the	ame and Ad 1 Opo: ha mode of a	dress of Facility S	tauffer Pike/ Fr	Funer	ral Ho	me ryland 21 Approximate Intervet Between
ΩÎ.	23a. Part1. Enter shock or he. Immediate Ceuse disease or condition resulting in death) Sequentially tist or if any, leading to it.	the disease, or coment failure. List only (Final lon lon lon lon lon lon lon lon lon lo	plications that cause on each	ed the death. Do line. ITOXICATIO Due to (or as e	22. No. 162 not entar the consequence a consequence	ame and Ad 1 Opo: ha mode of a	dress of Facility S	tauffer Pike/ Fr	Funer	ral Ho	me ryland 21 Approximate Intervet Between
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Be Completed by Physician/Medical Ex	23a. Part1. Enter shock or he. Immediate Ceuse disease or condition resulting in death) Sequentially tist or if any, leading to it cause. Enter Und Cause (Disease or thet initiated event rasulting in deeth) Part it. Other signi	the disease, or come and falture. List only in (Final on on ditions, mmadiate lerlying to Injury is Last in Injury is Last in Injury in Injury is Italian in Injury is Italian in Injury is Italian in Injury is Italian in Injury is Italian in Injury is Italian in Injury in Injury is Italian in Injury in Injury in Injury is Italian in Injury in In	plications that cause one cause on each e. DRUG IN b	ed the death. Do line. ITOXICATIO Due to (or as a Due to (or as a but not resulting	N a consequent a consequent	ame and Ad 1 Opo ha mode of a nce of): nca of): rtying cause	dress of Facility SSSUMTOWN dylng, such as card givan in Part I.	tauffer Pike/ Fr iac or respiratory 23b. Dic 10 24a. Wa per	Funer eder it arrest, If to becco. The series of the seri	use contribu	Approximete tritervet Betwee Onset end Dee Dee Onset end Dee Onset end Dee Onset end Dee Onset end Dee Onset end Dee Onset end Dee Onset end Dee Onset end Dee Onset end D
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Division of Vital Records, P.O. Box 68760, To the He within 24 To the Fu

Baltimore, Maryland 21215-0020

31. Date filed (M

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29c. License number

O.C.M.E.

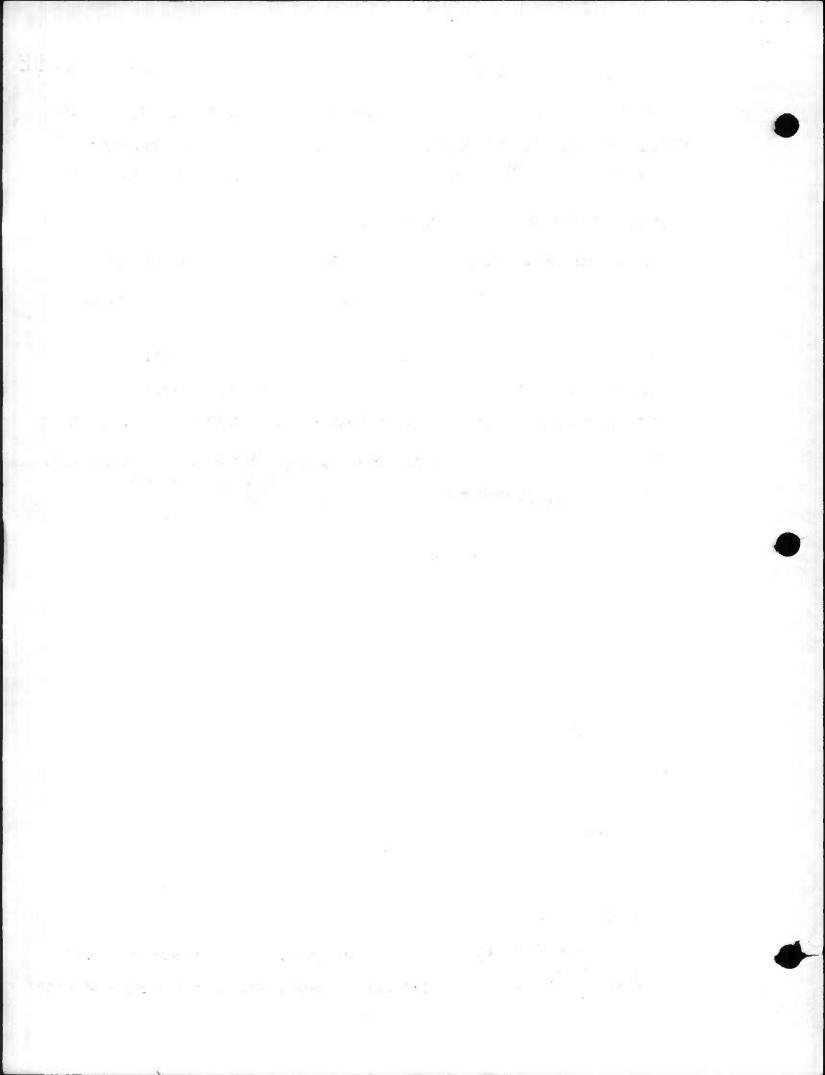
29d. Dete signed (Month, Day, Year)

MARCH 03, 1996

impleted cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar 32. Regionary's Signatura



96-1344-015 ITEMS: 23 PART I, 27. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 28a-f, PER ME0 FILM G-733 3/22/95tate of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year RONALD DAVID LEONZIO MARCH 1996 1:53 AM /Medical 4a. Facility Nama (If not Institution, give street and number) 4h City Town or Location of Death 4c. County of Death ELKTON

H Under 1 Year | if Under 24 Hrs. 8. Data of Birth (Month. Day, 1984)

The state of Birth (Month. Day, 1984)

May 24, 1984 Examiner UNION HOSPITAL CECIL 6. Sex 1 → M 2 □ F 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** Months 222-70-1187 11 Yrs. Delaware Director Usual Residence of Decedent the Meryland 10a. State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show must be notified at 1 Yes ZE No Director Maryland Cecil County Chesapeake City 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Code 6 1000 Biddle Street Itams 23a 21915 United States Funeral deeth 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yes ŽŽNo Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American indian, Black, White, etc. 11 Maritai Status traumatic avant, the Medical Examiner filed within 72 hours efter 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: White If Yes, Give Yaar or Dates: P 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) (Specify only highast grade completed) 6th Chesapeake City nd Mentel Hygiene. marked other than Elementary/Secondary (0-12) College (1-4or 5+) Student Elementary School 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 end 2 should be f nent of Heelth end Mentel I int: If Itam 27 is marked of Lawrence M. Leonzio Eileen M. Watts 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 a Department of Heelth er Important: If item 27 is any injury or other trau once. 21921 Lawrence M. Leonzio 428 Rock Church Rd., Elkton, Maryland 20b. Piaca of Disposition (Name of cometery, crematory or other place) 20c. Location - City or Town, Stata Chesapeake City, 20a. Method of Disposition 1 XX urlai 2 ☐ Cremation 3 ☐ Removei from State March 19, 1996, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Bethel Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Robert T. Jones & Foard, Inc. 122 West Main Street, Newark, Delaware 19711 to complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, List only one cause on each line. Approximate Onsat and Death **Physician** /Medical Immediate Cause (Final SMOKE INHALATION disaase or condition resulting in death) Examiner Due to (or as a consequence of): Examiner certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events rasuiting in death) Last and Due to (or as a consequence of): Box 68760 Physician/Medical the Due to (or as a consequence of): 80 for use es P.O. signed by the d Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Dunknown Records, þ The law requires Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy peen complation of cause of death? page 2 s certificate 1 Xes 2 No NE Yas 2 No Vital director. 25. Was casa referred to medical Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 10 this sid funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) APPROXY 28c. Injury at Work? Certification: 28d. Describe how injury occurred Attanding After Pending investigation 1 Naturai n 24 hours after death.

he Funeral Diractor: After help in by the full 1 Yes 2 KNo SUBJECT INVOLVED IN HOUSE FIRE 12:21 A M XX Accident 3-12-96 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 1000 BIDDLE ST. CHESAPEAKE CITY, MD. 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 0 HOME Hospital 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier edical (Check only

of Division To the Hosp within 24 hos To the Fune completely fi

> State Registrar

29b. Signature and title of certifier

ennis J.

Churt mp

30. Name and address of personowho completed causa of death (item 23a) (Type, Print)

Chute M

111 Penn Street, Baltimore, Maryland 21201 A Propries Element

29c, Licansa number

O.C.M.E.

29d. Data signed (Month, Day, Year)

MARCH 12,1996

DHMH 16 Rev 6/95

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE O	F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
		CF	ERTIFICATE	0	F DEAT	H		REG. NO.	

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA				GIENE		00004		
	1. DECEDENT'S NAME (First, Middle, Last)	, j. j.	LFF			2. DATE OF DEA MONTH FEBURA	DAY	YEAR	TIME OF DEATH		
		5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR			IF UNDER 24 HRS.	7. DATE OF BIRT	1		ACE (State or Foreign		
	070 05 7020	1 □ M 2 🔯 F 95	YRS.	NTHS DAYS	HOURS MIN.	12-18-	1900	Oodinity)	VA		
TOR	99. FACILITY NAME (II not institution, give stre		PITAL	L CITY, TOWN	LINTO			Princh- Giales			
DIRECTOR	10a. STATE 10b. COUNTY	NA		own on Local ington					Dd. INSIDE CITY LIMITS? X YES 2 NO		
RAL	10e. STREET AND NUMBER	-		101	ZIP CODE				AT COUNTRY?		
FUNERAL	509 24th Street, N	12. WAS DECEDENT EVER IN U	S. ARMED	13 WAS DEC	20002 ENDENT OF HISPAN	IIC ORIGIN? (Spec		SA	- American Indian,		
ВУ	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	2 X NO Specif	n, Puerto Ricen, e		Black, V	White, atc. Black		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		6a. DECEDENT'S US (Give kind of work	done during mo	DN st of working	16b. KIND (OF BUSINESS/IND	USTRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	GOV t			Fed	eral Go	v1+			
OM	17. FATHER'S NAME (First, Middle, Last)	-	001 0	WOLITCH.	18. MOTHER'S NA	ME (First, Middle, A					
BE C	John Moorman				Laura	Bennett					
10	19e. INFORMANT'S NAME (Type/Print)		1		nd Number or Rural			Code)			
	Cordelia Banks	I anh n	LACE AND DATE OF		ne, Clint		20735 0c. location — 0	Olav as Taura	0.00		
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State Comete	ery, crematory of other			3-2-96	Suitla				
	21. SIGNATURE OF TUNERAL SERVICE LICE		1	_	ID ADDRESS OF FA	CHITY			ral Svc.		
	· Obei Wy	thutfa	nd	9507 \$	Silver Fo				20735-3046		
	23. PAPE i. Enter the diseases, or co	omplications that caused to list only one cause on eac	he deeth. Do not						Approximate interval Between		
	IMMEDIATE CAUSE (Final	mod specials in							Onset and Death		
	disease or condition a. UVO SCD 800 DUE TO (OR AS A CONSEQUENCE OF):										
_											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. HUPOTHERM / P DUE TO (OR AS A CONSEQUENCE OF):										
ICA	CAUSE (Disease or injury										
FI	that initieted events resulting in deeth) LAST	DUE TO (ON AS A C	ONSEGUENCE OF):						į J		
	O. DADT II. Oakes significant and distant										
CAL	PART II. Other significant conditions	•		the underlyin	g ceuse given in	P	AS AN AUTOPSY ERFORMED?	Al	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE		
EDI	1 YES 2 XNO OF								F DEATH?		
2	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAI			1	163 2 10		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH	(Check only one)							
IYSI		1 Compatient 2 ER/Outpati	ent 3 DOA 4	☐ Nursing Hom	e 5 🗆 Reeldence						
F	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	VES 2 NO	28d. DESCRIBE	HOW INJURY OCC	URED			
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	At home, ferm, atre			26f. LOCATION (Street and Number	reet and Number or Rural Route Number,			
TE	4 Homicide determined	building, etc. (Specify)			City or Town,	, Stere)				
COMPLETED	and a	IAN: To the best of my knowled On the basis of examination e							and manner es stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER			fonth, Day, Year)		
O BE	truc				D464	78		-29-			
2	30. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type, Pr	int)	110 0 .	-FIG. 2	N		MD 20735		
		STREGISTAR'S GIGNAT	1501.	syria	tts Fd	71300	un	m,	20735		
	MAR 04 1996	Jahr Deuter	Kanlak								

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Address of 1930 State State

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
9	t. DECEDENT'S NAME (First, Middle, Last)					Н	YEAR 3.	TIME OF DEAT	тн			
- 0	WILLIE	EWIS			MONTH 3	1	96	0215	РМ			
				ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Yo	1 (1	Country)	ACE (State or Fo	preign		
	221–14–9384 9e. FACILITY NAME (If not institution, give stre	1 × M 2 F 81		b CITY TOWN OF	R LOCATION OF DE			EXMOR	E, VA.			
DIRECTOR	ATLANTIC GENERAL H			BERL I		EAIN		ORCES				
EC	10e. STATE 10b. COUNTY			OWN OR LOCATION	ON	-		10	d. INSIDE CITY	Y		
	MD WORC	ESTER	BER	RLIN				1 (LIMITS? YES 2	NO		
FUNERAL	100. STREET AND NUMBER 113 FLOWER	STE., ISAIH A	PT. #5	10f.	ZIP CODE 21811			10g. CITIZEN OF WHAT COUNTRY?				
BY FUN	tt. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		city Cuben, Mexice	NIC ORIGIN? (Specifion, Puerto Rican, atd		14. RACE — American India Black, White, etc. Specify: BLACK				
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION 184	DECEDENT'S US	UAL OCCUPATION	N =	16b. KIND O	F BUSINESS/INDU	STRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	labore		t or working	FAR	M & MAIN	NTANC	Ε			
SO	17. FATHER'S NAME (First, Middle, Last)	CHEDDARD			18. MOTHER'S NA	ME (First, Middle, Mi	siden Surname)					
BE (E SHEPPARD				MARY L						
5	199. INFORMANT'S NAME (Type/Print) CHRISTINE BARF	TIELD	ADD. SA			Route Number, City o	r Town, Stete, Zip C	iode)				
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remov 4 Donalion 5 Other (Specify)		CEAND DATE OF				ERLIN, M		State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	HEE O. A.		22. NAME AND	ADDRESS OF FA	CILITY JOLLI	EY MEMOR	RIAL	CHAPEL			
	* Soretta D	falley		1213 J	ERSEY RO	DAD, SAL	ISBURY,	BURY, MD. 21801				
	23. PART I. Enter the diseases, or co shock, or heart fellure. LI IMMEDIATE CAUSE (Final	mplications that caused the et only one cause on each	e deeth. Do not line.	enter the mod	le of dying, suc	h ae cardiac or i	reapiratory arres	st,	Approxim Interval B Oneat and	etween		
	disease or condition reaulting in death) a.	proster	le c	zner					2 ye	ors		
z	disease or condition resulting in death) a. Prostate canter Due to (or As a consequence of):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
IFIC	CAUSE (Disease or Injury c. DUE TO (OR AS A CONSEQUENCE OF).											
E	reaulting in deeth) LAST											
AL C	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AU											
							RFORMED?	co	AILABLE PRIOR IMPLETION DF (DEATH?			
ME									YES 2	NO		
AN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL				UNCERTAIL	N 🗆						
SICI	EXAMINER?	HOSPITAL:		THER:	€ □ Budding	8 Other (Specify						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 20c. INJU	RY AT		OW INJURY OCCU	RED				
8	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY — /		M 1 TY	ES 2 NO	28J. LOCATION (S	M /Creat and Number or Ruest South Number					
ETED	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, atreet, lectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, atreet, lectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, atreet, lectory, office building, etc. (Specify)											
COMPLETED	anal	AN: To the best of my knowledge On the basis of exemination and							d manner ee s	stated.		
BE	296 ASSNATURE AND VITLE OF CERTIFIER	Phon St	4512	29c. LICENSE NUMBER 29d. DATE SIGNED (Mapth, Day, 1)								
10	30. NAME AND ADDRESS OF PERSON WHO ROBERT DO	171210111111111111111111111111111111111		u ivo		rlis, o	no					
	31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S SIGNATUR	F	- 1-			1/3					
	MAR 1 1 1996	Julia d'Avelsor A	andall						DHMH.1	8 Rev 1/89		

635 ---

996

9c. COUNTY OF DEATH

WICOMICO

USA

10g. CITIZEN OF WHAT COUNTRY?

Specify:

White

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 TYES 2 NO

a. BIRTHPLACE (State or Foreign

Maryland

4:46 PM

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BOX 6876 RECORDS, P.O. DIVISION OF VITAL

March McFADDEN JR 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. IF UNDER 1 YEAR 1 M 2 - F 213-70-9291 39 YRS. May 16, 1956 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALTSBURY RESIDENCE OF DECEDENT 10a, STATE 10h COUNTY 19c. CITY, TOWN OR LOCATION Maryland Wicomico Salisbury FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 1100 N. Division St. 21801 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.)
t ☐ YES 2 💢 NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) jo Elementary/Secondary (0-12) College (1-4 or 5 +) 12 page 5 should be detached 0 Carpenter Construction once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at McFadden Lynch Sr. Patricia L. BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 McFadden Lynch Sr. 4659 Airport Rd., Salisbury, MD 21804 pe 20a. METHOD OF DISPOSITION
1 K Burlai 2 Cremation 3 1
4 Donation 5 Other Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 3 - Removal from State director, Wicomico Memorial Park 13/6 examiner 22. NAME AND ADDRESS OF FACILITY funeral / Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD n by the freenoval. medical filled in by t e deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, the diseases, or c shock, or heart failure. List only DIATE CAUSE (Final the cremation, disease or condition completely akins resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) executed burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): unig physician a If any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be other t CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initieted events the attending p resulting in deeth) LAST 10 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL and a any signed t 1 TYES 2 shows been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: certificate has be the State Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one Hem HOSPITAL: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANHER OF DEATH 28b. TIME OF 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? with t is marked, Natural 5 Pending Investigation 1 YES 2 NO BY DIRECTOR: After the hours after death vitem 28 is mari 2 Acctdant 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the control of the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 98 6 0

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. ARGISTRAR'S SIGNATURE
Julia d'auxiliair hardell

QV20/1

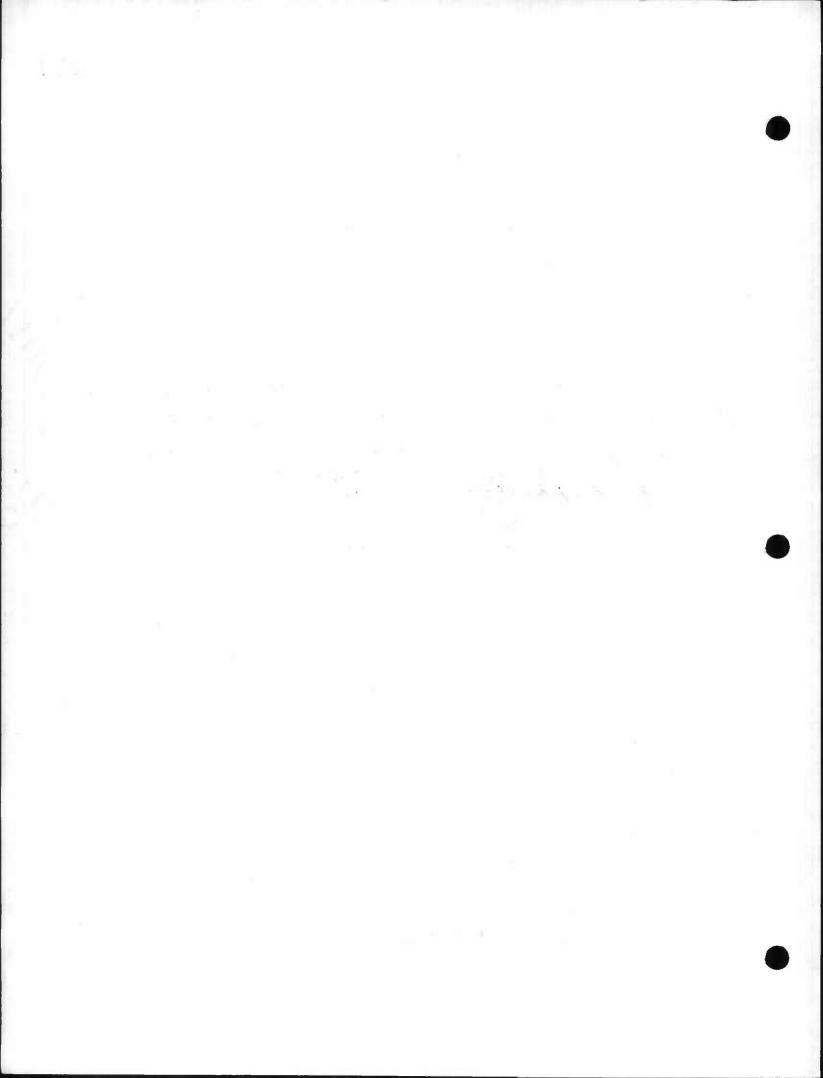
oceall

31. DATE FILED (Month, Day, Year)
MAR 05 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Dixon 20c. LOCATION - City or Town, State Salisbury, MD 21801 Approximata Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO 24s. WAS AN AUTOPSY PERFORMED? COMPLETION OF CAUSE DE DEATH? 1 TES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day. DHMH-16 Rev 1/89



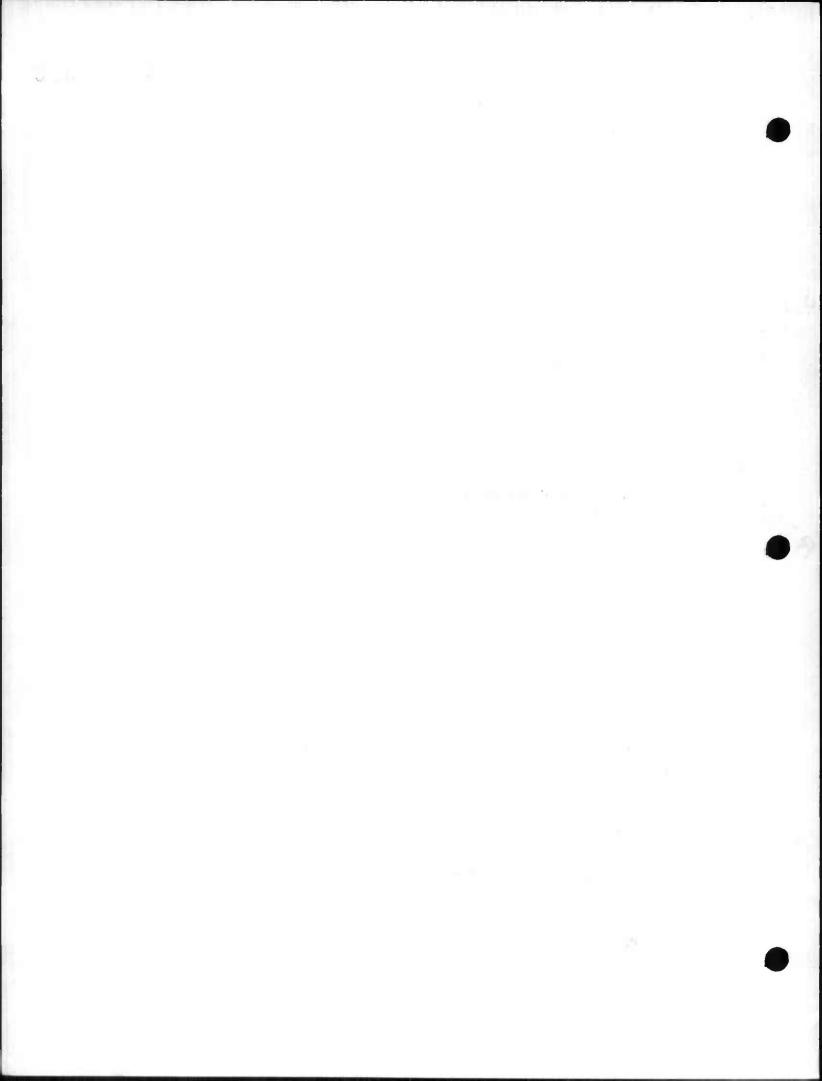
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	NEGISTRAN				IOAIL	. 01	DEAL	11	MEG.	4O.		
1	1. DECEDENT'S NAME (First, Middle, Last) Robert	Berti	an	LE	SSNE	R			MONTH	5 1	996	3. TIME OF DEATH 4:00 am M
- 1	4. SOCIAL SECURITY NUMBER			birthday)	IF UNDER	1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
á	217-22-1371	1 🕅 M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan 28,	1927	Coun	aryland
_1	9a. FACILITY NAME (If not institution, give st	Bertian LESSNER S. SEX S. AGE (in yrs. least berindary) S. CHARLE F. LIBERS S. L. AGE (in yrs. least berindary) S. CHARLE S. LIBERS S. L. AGE (in yrs. least berindary) S. CHARLE S. LIBERS S. L. AGE (in yrs. least berindary) S. CHARLE S. LIBERS S. L. AGE (in yrs. least berindary) S. CHARLE S. LIBERS S. L. AGE (in yrs. least berindary) S. CHARLE S. L. AGE (in yrs. least berindary) S. CHARLE S. L. AGE (in yrs. least berindary) S. CHARLE S. L. AGE (in yrs. least berindary) S. COUNTY S. COUNTY S. COUNTY S. COUNTY S. COUNTY S. COUNTY S. CHARLE S. L. AGE (in yrs. least berindary) S. CHARLE S. L. AGE (in yrs. least berindary) S. CHARLE S. L. AGE (in yrs. least berindary) S. COUNTY S. CO										
DIRECTOR	207 Maple Avenue				F	rede	rick				Frede	erick
	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	TION		-		1996 4:00 a 4:00 a 4:00 a 4:00 a 4:00 a 6. BIRTHPLACE (State or Formally) Maryland 9c. COUNTY OF DEATH Frederick 10d. INSIDE CITY LIMITS? 12 120g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American India Black, White, stc. Specify: White INESS/INDUSTRY White INESS/INDUSTRY White INESS/INDUSTRY White INESS/INDUSTRY AMERICAN Approximation Approximatio	10d, INSIDE CITY
		ederick			Free	deri	lck					LIMITS?
A	10e. STREET AND NUMBER					101	ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	207 Maple Avenue						-					
5	1 Never Married 2 Merried	FORCES? 1	EVER IN U.S. ARM	MED O	13. V	MAS DEC 1 yes, sp	ENDENT OF ecify Cuban	F HISPAN , Mexica	HC ORIGIN? (Specifi n, Puerto Rican, etc.	Yes or No-	14. RAC Black	CE — American Indian, ok, White, atc.
B	3 X Widowed 4 Divorced			949	1	YES	2X NO	Specify	r.		Spe	white
	15. DECEDENT'S EDUC (Specify only highest grade		/Gh	m kind of	work done o	CCUPATIO	ON ast of working	a	16b. KIND OF	BUSINESS/II	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)		life.	Do NOT u	se retired.)				Shir	Buil.	ding	/Dry Dock
JMC	17. FATHER'S NAME (First, Middle, Last)		10	01 1	ica ica.		16 MOTH	ED'S NA				, zzy zocze
BE C	George		LESSNE	R								TIFLER
	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street s	nd Number	or Rural I	Route Number, City or	Town, State, 2	Zip Code)	
10	Mr. Dale A. Less	ner (Son)						, Ir				
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Remark 4 Donation 5 JOther (Specify)				t Cei	mete	ery Ma		, 1996	Frede	rick	, Maryland
1	21. SIGNATURE OF JUNERAL BERVICE LIC	Deen	₩007	06								
	23. PART I. Enter the diseases, or o	complications that	caused the day	ath. Do								Approximata
	ehock, or heert feilure. IMMEDIATE CAUSE (Finsi	List Dnly Dne ceus	e on each line.									Interval Between Onset and Dasth
	disease or condition recuiting in death)	. Te	him	pe	Tanta	the	ful		Gun			>1 year
	_	DUE TO (OR AS A CONSEC	UENCE C	F):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE O	F):						·	
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	с										
H	that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE C	F):							
E		d										
	PART II. Other aignificent condition	e contributing to	deeth but not re	sulting	in the un	deriyin	g cauee g	iven in			Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									1 🗆 YI	S 2 (NO)		
Σ	DID TOBACCO USE CONT	RIBUTE TO CAL	ISE OF DEA	TH Y	ES 🗆 1	NO F	1 UNC	FRTAII	N DR			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	TO CA						CIXI/	1 00			
PHYSICIAN:	EXAMINER? 1 YES 2 NO		ER/Outpatient 3	□ DOA			no s M/Ro	sidence	8 C Other (Specify			
H	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TH	AE OF	28c. IN.	JURY AT			OW INJURY C	CCURED	
	1 Natural 5 Pending	(Month, Da	y, Y bar)	IN	JURY			NO				
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At ho	me, farm,	street, fact	ory, offic	in				ber or Rura	l Route Number,
TED	4 Homicide determined	Donariy, C	ne. (Opecny)						City of lown,	(818)		
COMPLET	(Orlow Orly)											(a) and manner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE	R	./				29c. LICE	NSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)
0	Cut	· /s.	mont	v,	•			D181	191	►M	larch	5, 1996
2												
	Arthur G. Manalo	M.D., 1	87 Thom	nas C	Johns	on l	Drive	#3.	Freder	ck, M	lary1	and 21702
	31. DATE FILED (Month, Day, Year)	A Silva	R'S GIGNATURE O RUELLON	Rank	ell							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Leable.

						laryland / L	Certifica			Mental H	giene 9	6 0	8398
	Physici	ian	Decedent's Nama	(First, Middla, L	ast)					2. Dete of D Month	eath Day	Yeer	3. Tima of Death
	/Medi		Gladys	Leol	4	akin				March	4, 1996	377	4:01 pm
	Examir	ner	4e. Facility Nema (If	not institution, gi	iva street and number)			4b. City, Town, o	r Location of Dea	th 4c. County	of Death	
Di	uneral irector		Frederi 5. Social Security Nu 214-46-52 Usual Residence of	mber 6.	rial Hospi Sex 7.A 1口M 2录F	ge (In yrs. last bir	thday) If Und Yrs. Month	dar 1 Yaar ns Days	Freder:	8. Data of B (Month, D	irth ey, <i>Year)</i> 12, 1908	9. Birthple Countr	erick aca (Stata or Foraign ryland
puel	N H			10b. County		10c. City, Tow	n or Location					10	d. Inside City Limits
Mery	E E	0	Maryland	Frede	erick		Jeffer	son					1 Yes 2 No
the	288	Directo	10e. Street and Num					Zip Code			10g. Citizen of	What Countr	
N N	3a o		4037	Lander 1	Road				21755			U.S.A	
5-0020 72 hours efter deeth with the Meryland	al', or items 23s or 28s-f show Examiner must be notified at	by Funeral	11. Marital Status 1 Never Merrie	_	12. Wes Decedan Armed Forces 1 Yes 2 X	? No	if Yes, s	cedent of h pecify Cub	Ispenic Origin? (en, Maxican, Pue	Specify Yas or N irto Rican, etc.)	o- 14. Rec Bla	ce - America ck, White, ei	
9 5		D Q	3 Widowed 4		Yaar or Detes:	1 -510	Decedentia II		atlan				
thin se.		Completed	(Specification (Speci	15. Decedent'a E y only highest gi dary (0-12)	caucation rade complated) College (1-4or		Decedent's U: (Give kind of life. DO NOT) Homema	work done Fuse retire	during most of w	orking	16b. Kind of B	Home.	
Hygied 2	othe.	BeC	17. Father's Neme (F	irst, Middla, Las	t)		Homema.	VET	18. Mothar's No	ema (First, Middle	a, Meidan Suman		
ylan ylan ylan Mental	arked atic ev	ToB	Samuel W	alter B	rown				Emma	Alverno	n Wright	,	
Mar nd 2 sh lith and	27 is m r traum		19e. Informent's Ner Henry D.								ber, City or Town, Md. 217		2ode)
2 8 2	20		20e. Method of Dispo 12 Buriel 2 C 4 Donetion 5	Cramation 3 [Ramovel from State	cematai	Disposition (A by, cremetory of	or othar ple	cemete	Data	20c. Location -		m, Stata
Baltii permit. F	important: If any injury or once.		21. Signature of Fun	erei Sarvice Lice	nsae A.L.	M00021	22. Nama Keen	and Addre	ss of Fecility	rd Funer	al Home		
	sician				npilcetions the suse y one cause on each	d the death. Do r	106 not enter the m	East loos of dyl	Church S	St. Fre	derick,	Md. 2	1.701 Approximate Interval Between Onset and Death
	edical miner	<u>.</u>	Immediate Cause (F diseasa or condition resulting in deeth)	inei	· myo	Due to (or es a	in far	ction					hours
death certificate be executed	attending physician and d for use as the buriel-transit	n/Medical Examiner	Sequentially list con- if any, leeding to imn cause. Enter Underf Cause (Disease or in that initieted events rasulting in death) La	ying	b. Civier	b. <u>Overlos clerotic</u> <u>coronavi</u> Due to (or as a consequenca of): d					disla	26	years
n te	d for	icia	Part It. Other signific	ant conditions	pontributing to death I	out not requising to	the made de	h	on in Doct I	nah Die	I tohanan una an	manifer de la l	the cause of death?
r å O å	igned by the be deteched	by Physician/M						-	ren in Parti.		Yes 22 No		ably 4 Unknown
	2 should	Completed b	Peuph	nal Va	llitus scular o	cclusive	e dis	lase			s en autopsy ormed?	avel	re autopsy findinga llable prior to apletion of cause eath?
T e	page	NO.								1	Yes 2 DNo	10	Yes 2□ No
E = 2	certificate rector, pag	Be	25. Wes casa referre	d to medical					28. Plece of D	eeth (Check only	one)		
OT VITA	this ce	To	1 Yas 2 N	0	Hospitei: 1 🗆 Inpati	ent 2 ER/Ou	tpatient 3	DOA Oth	er: 4 Nursing	Home 5 ☐ Ras	idance 6 Oth	ner (Specify)	
DIVISION OF I or Attending Physister deeth.	tor: After this certific the funeral director,		27. Manner of Deeth 1 ☑ Natural 2 ☐ Accident	5 Pending investigation			Tima of njury M	28c. injui Woi 1 []	yat k? Yas 2 □ No	28d. Describe	how injury occur	red	
Lai or Att	al Directo ed in by t	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not to	28a. Piece of in	jury - At home, fe lc. (Specify)	rm, street, fact	ory, office		28f. Location City or To	(Street end Numb own, State)	er or Rural	Route Number,
the Hospital or hin 24 hours after	To the Funeral Director: After completely filled in by the funer	edical	29e. Certifier 1 (Check only 2 one)	☑ Certifying Pi ☐ Medical Exa	hysician: To the best miner: On the basis of and manner s	of examinetion en	, death occurre d/or investigeti	ed et the tir on, in my c	ne, dete end pled pinion, death occ	ce, and due to the curred at the tima	cause(a) and ma , date and piece,	anner as sta and due to f	ited. the cause(s)
To t	Com	Σ	29b. Signatura and ti	le of certifier			2	29c. Licens	e number		29d. Data signe	d (Month, D	ay, Year)
			Katt	ileen w	Stem M	1		Da	32073		3/5/	76	
			30. Nama and address	s of person who	completed cause of			1	Paus C. 1	M.			
-	C4-2	10	31. Date filed (Month	Pen W.	Stem MD 32. Regist	G (O /	VINHA C	we,	Brunsw	ica, Mo	1. 2171	6	
F	Sta Registr		MA		396	rar's Signature	Rardalle						

DHMH 16 Rev 6/95

completely filled in by the funeral director, page 5 should be detached ial, cremation, or removal. To notified pe examiner must other traumatic event, the medical HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with bunal, I and 0 shows any injury, certificate has be the State Dept. 23 item 2 0 L DIRECTOR: After this cert hours after death with the Item 28 is marked, o this c

COMPLETED

BE

2

TO THE HOSPITAL OF TO THE FUNERAL D BE filed within 72 ho

	FOR STATE REGISTRAR	STATE OF MA			TMENT OF H			IENTAL HYGIEN		b 1	08399
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	9.		3. TIME OF DEATH
	Russell	Lee		LINI	ON			March 03	. 1	996	3:40 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS.	7 DATE OF BIRTH	-	8 BIRTHE	ACF (State or Foreign
	217-16-2493	1 ☑ M 2 ☐ F	72	YRS.	MONTHS DAYS	HOURS	MIN.	Jul 13, 1	923	Country	ryland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN (OR LOCATION	OF DEA			NTY OF DE	
E	Frederick Memori	al Hospita	al		Fred	erick			F	reder	rick
DIRECTOR	RESIDENCE OF DECEDENT				2200	02 2 011					
H	10s. STATE 10b. COUNT	,	10c. CITY, TOWN OR LOCATION								tod. INSIDE CITY LIMITS?
5	Maryland Fre	derick	rick Frederick								t X YES 2 NO
AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	1491 West Ninth	Street				2	1702	2		U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED				C ORIGIN? (Specify Yea	or No-	14. RACE	- American Indian, White, etc.
ВУ Е	1 Never Married 2 Married 3 Wildowed 4 Divorced	3/13/194					Specify:	, Puerto Ricen, etc.)		Specify	v.
			3-12/29	/194	2						White
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	ive kind of	Work done during mo	ON ast of working		18b. KIND OF BUS	DUSTRY		
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT u				NDC /Fo	1 Cox	rowmont		
M M	12		Property Manager NRC						/Federal Government		
8	17. FATHER'S NAME (First, Middle, Last) Russell	Sylvester		LINT	ONT	18. MOTHE R11t	-	NE (First, Middle, Maiden Katheri	,		HOFFMAN
BE		syrvester									HOFFMAN
9	19a. INFORMANT'S NAME (Type/Print) Mrs. Lorraine L.	Tinton						oute Number, City or Tow		,	land 21702
		TILLEOU	7				ree				Land 21702
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	720000 Ar	cometery, cre	matory or o	of disposition (Ne ther place) t Cemete	ry Ma	r 7,	, 1996 Fr	eder	ick,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		Z2. NAME AI	ney &	Bas	sford P.A.	Fun	eral	Home
	Ten gymm	Aberra		0706							ck, MD 21701
	23. PART I. Enter the diseasea, or shock, or heart failure.				not enter the mo	de of dyln	g, auch	as cardiac or reapi	ratory ar	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Finei disease or condition	(1 4-	+	4	Preun	m	1				Onset and Death
1	resulting in death)										14/W
ı		DUE TO Y	OR AS A CONSEC	OUENCE O	r: clar			1 +			1.1
O	Sequentially list conditions,	m	OR AS A CONSEC			0.6	61	den			IWK
AT	if any, leading to immediate cause. Enter UNDERLYING	000 10 (OR AS A CONSEC	JUENCE U	e):						
CERTIFICATION	CAUSE (Disease or injury	c	OR AS A CONSEC	DUENCE O	FI:						
Ē	that initiated events resulting in death) LAST				. ,.						
3		d									-
J	PART II. Other significant condition				in the undarlyin	g cause gl	van in F	Part I. 24a, WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S	Dicht)	roh	~'>	1919	euse	_	YES 2			COMPLETION OF CAUSE OF DEATH?
E I											1 DYES 2 NO
-	DID TOBACCO USE CONT	RIBUTE TO CAL	JSE OF DEA	TH Y	ES NO	UNCE	RTAIN	<u> </u>			
X	25. WAS CASE REFERRED TO MEDICAL		28. PLAC	CE OF DEA	TH (Check only one)						
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ne 5 🗆 Resi	Idence (8 Other (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28s. DATE OF I		28b. TIR	IE OF 28c. IN.	JURY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
ВУР	Natural 5 Pending Accident Investigation	(Month, De	,	111		YES 2	NO				
- CO	- Libertonia										

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) Inpatient 2 ER/Outpatient 3 DOA (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — building, atc. (Specify) At home, lerm, street, lactory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 8 Could not be 4 Homicide

29a. CERTIFIER

Charle and

SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and menner as attended. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D09689

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

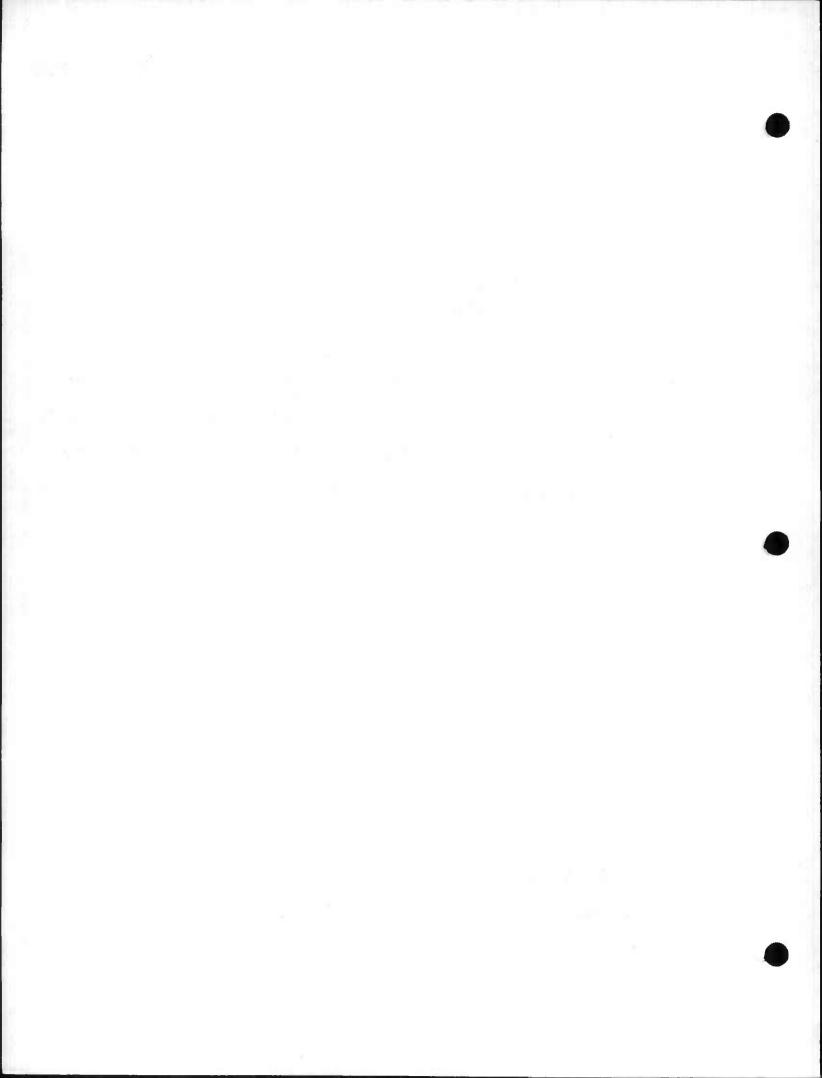
A. Austin Pearre, Jr, M.D., 300 West Ninth Street, Frederick, Maryland 21701

31. DATE FILED (Month, Day, Year)

32. REGISTRAN'S SIGNATURE Standard Randoll MAR 0 6 1996

DHMH-16 Rev 1/89

March 05, 1996

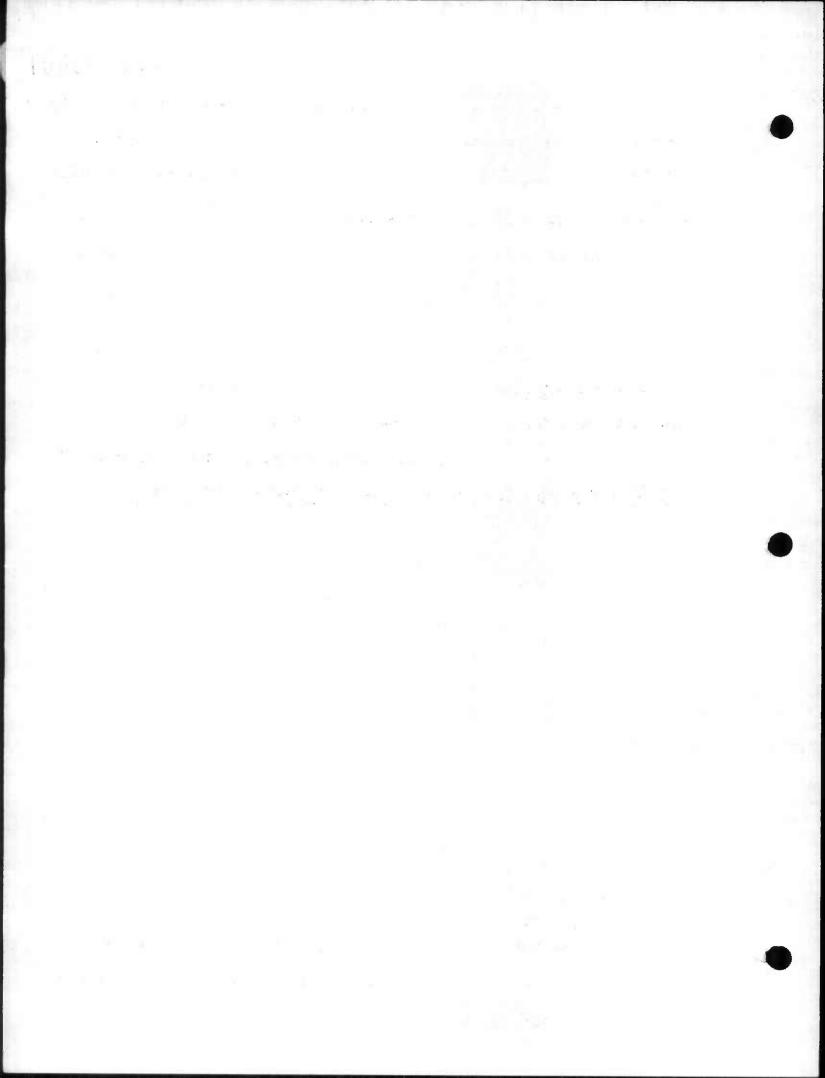


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene (1)

												9. 140.			
Physicia	_	1. Decedent's Neme (First, Middle	, Last)					15		l N	Dete of Deeth Month	Day	Year		
/Medica		Thelr		Ju	ne		Les	snei			bruary	Ac. County of Death Frederick The street of Whet Country of Death Frederick The street of Whet Country of Marylan 10d. Insida 10g. Citizen of Whet Country? U.S.A. 14. Race - American Indian, Black, Whita, atc. Specify: White 18b. Kind of Business/Industry Own Home Melden Surneme) 1 er, City or Town, Stete, Zip Code) W. Va. 25428 20c. Location - City or Town, Stete 96 Frederick, Mc al Home Frederick, Md. 21 Approximately Indianal Approximately Indianal Approximately Approximately In da MA In d	45 PM		
Examine	er	4a. Facility Nama (If not institution)						4	4b. City, Town, o					c)lc	
		Frederick Memor				A sealer of the india	If Under	1 Vaar	Frede						la au Cauala
Funeral Director		5. Social Security Number 217–24–5490 Usuel Residence of Decedent	6. Sex 1 □ M 2 □		(In yrs. lest	Yrs.	Months	Deys	Hours M	in ()	Nete of Birth Month, Dey, 1 n. 24,	1929	9. Birthpi Count Ma1	poseth dederick Belithplece (Steta or Fountry) Maryland 10d. Insida City in the steel Country? U.S.A. American Indian, White, atc. White Stete, Zip Code) 25428 City or Town, Stete erick, Md. Approximeta Interval Betwee Onsat and Development of Steel Country? 10 day 5 10 day 5 10 day 5 10 day 5 11 Yes 2 No.	nd nd
ž ==	ŀ	10e. Stete 10b. County			10c. City, To	own or Loc	cation						10	d. Inside	City Limit
a pa	ō	Maryland Fre	derick			Fred	deric	k							es 2□N
28e	rec	10e. Street end Number	· · · · · · · · · · · · · · · · · · ·				10f. Zip	Code			100	g. Citizen of V	Vhet Count	ry?	
23a or	Funeral Director	207 Maple Av	enue						21701				U.S.	Α.	
E E	Пе	11. Maritel Status	12. Was	Dacedant Eved Forces?	var in U,S.	13. W	Was Deced	dent of H	Ispanic Origin? an, Maxican, Pu	(Specify arto Ricar	Yas or No-				,
tel tygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Ensiring must be notified at	P	1 ☐ Naver Merried 2 ☑ Merri 3 ☐ Widowed 4 ☐ Divorced	ed 1 If Ye	Yes 2 3k No es, Give r or Datas:			1□ Yes 2		Specify:		,				
natur	Completed	15. Decedent (Specify only highes	's Education	eted)	10	(Give I	ient's Usua kind of wor	rk done	during most of v	vorking	18	Bb. Kind of Bu	siness/Ind	ustry	
. Man	n de	Elemantery/Secondary (0-12)		ege (1-4or 5+	-)	life. D	DO NOT us	se retired	d)						
A Protection	S	12	111.00			Home	emake	r	20.000000					ome	
d out	Be	17. Fathar's Nema (First, Middle, I										eiden Sumem	θ)		
merke	ဥ	Preston Ode									Bull				
Department of Health and Mentel thygiene "natural", or important: If item 27 is merked other than "natural", or any injury or other traumatic event, the Medical Erain price.		19a. Informant's Name/Relationsh Dale A. Lessner,	_	t)	1										
nent of He int: If Item iry or othe		20e. Method of Disposition 1 □ Buriel 2 □ Cramation	3 □Removel	from Stete	cema	atery, cram	sition (Nem	ther plea							
tant:		4 Donation 5 □ Other (Sp	ecity)		Mount					ch 2	, 1996	Fred	eric	<, M	a.
Depertr Importu any Inju		21. Signifulte of Funerel Service L	Pin .	0	M0002) 3 T	7		ss of Facility	ord E	hinera 1	Home			
.O.E. & O.		Millard C.C.	sest.	nd	M0002	1	106 F	ast S	Church	Stre	et. Fi	rederic	rk. M	Md. 2170 Approximeta Interval Between	1701
	23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.														
nysician			only one cause	on each line	ha death. L 1.	Do not ante	er tha mod	la of dylr	ng, such es card	liac or ras	spiratory erres	st,		Interval	neta Between
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DHMH 16 Rev 6/95



Pages 1, 2, 3 should

HOSPITAL O FUNERAL D within 72 ho

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J. BERGER MD

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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96 08401 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 8:20 P MARCH Kathryn Matilda Long 4. SOCIAL SECURITY NUMBER 579 → 05 → 3030 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign July 23, 1919 1 | M 2 | F Washington DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Southern Maryland Hospital Clinton Prince George's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION CLINTON 10d, INSIDE CITY Prince George's Maryland 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 20735 4815 Old Branch Avenue 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Caucasian COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify or Elementary/Secondary (0-12) College (1-4 or 5+) 12th N/A Union (IBEW) Clerical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Earl BE Hardu Ethel Carneill 190, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 <u>Marlene Reinhardt</u> 4700 Newman Road Temple Hills. Maryland 20748 9 20e. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must St. Mary's Cemetery March 11,1996 Bryantown Maryland 4 Donation 5 Of Other (Specify)
21. SIGNATURE OF ELIMENAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. examiner 6633 Old Alexandria Ferry Road Clinton, Md medical 23 PART I. Enter the discusses, or complications that ceused the de shock, or light failure. List only one cause on each line Mone that caused the deeth. Do not enter the mode of dying, such as cerdied or respiratory arrest, Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition # PNEUMONIA resulting in death) event, DAYS DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? SKULL FRACTURE, CHRONIC GBSTRUCTNE ашу 1 TES 2 NO OF DEATH? shows PULMONARY DISEASE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: Inpatient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED MARCH 5/6, 1976 UNIC 1 Netural 5 Pending investigation M FALL AGAINST OBJECT BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 28 HOME, AS ABOVE TEMPLE HILLS rred at the time, date and place, and due to the cause(a) and manner se stated = TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 2 MEDICAL EXAMINER: On the basis of axi d/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 025925 4/souger MD

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

205,

32. APGISTRARIS SIGNATURE
Julia d'Auclier Randall

7720 WISCONSIN Ave, BeThesda, Md 20814

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	Physician
	/Medical
\mathcal{F}_{i}	Examiner

Funeral

Director

Director

with the Marylend 28a-1 show r than "naturel", or items 23s or 28s-f show the Medical Exeminer must be notified at deeth

illed within 72 hours after Maryland 21215-0020 PV Completed permit. Pages I and 2 should be liled within Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than " 2 altimore, 8 **Physician** /Medical Examiner ettending physician end for use as the bunel-transit Box 68760. 8 Physician/Medical signed by the et d be detached for P.O. P Division of Vital Records. P Completed pege 2 : hes certificate Be 20 this funeral 27. Mennar of Death Certification: After Attending death. To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A completely filled in the fin filled in by the edical

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 1996 Yaar HARRY TRUMAN LOBAUGH March 10, 8:00 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Upper Marlboro PRINCE GEORGE'S Marnor Care Largo If Under 1 Year If Under 24 Hrs. 8, Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) IXIM 20 F Yrs 234-18-1198 July 4, 1912 West Virginia Usual Residence of Decedan 10a. Stata 10b. County 10c, City, Town or Location 10d. Insida City Limits 1 N Yas 2 No Maryland Charles Waldorf 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 3576 Pine Cone Circle 20602 USA 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ᡚ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuben, Mexican, Puarto Rican, atc.) Race - American Indien, Black, Whita, atc. 1 Never Married 2 Merried 1 ☐ Yas 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highast grada completed) 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Bus Driver Public Transportation 8 17. Fathar's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Surnama) Mary I. Eberhardt Lobaugh William F. Lobaugh 19e. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Nancy L. Lobaugh (Daughter) 3576 Pine Cone Circle Waldorf, MD 20602 20b. Piece of Disposition (Name of cematary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 Cramation 3 Removel from Stata Trinity Memorial Gardens 3-14-96 Othar (Specify) Waldorf, MD eral Service Licensee MO0173 21. Signatur 22. Name and Address of Fecility J.H. Eberwein Mortuary 4433 White Pls. La. White Pls., MD 20695 for the disease, or complications thet caused tha death. Do not enter the mode of dying, such as cardiac or respiretory errest, heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death MAL NUTRITION' Immediate Causa (Final disease or condition rasulting in deeth) ARKUSONISM Sequentially list conditions, if any, laading to Immadiata cause. Entar Undarlying Couse (Disaasa or Injury thet Initiated avants rasulting in deeth) Lest Dua to (or as a consequence Dua to (or as e consequence ot): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Winknown 24e. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No

24b. Were autopsy tindings available prior to complation of causa of death?

25. Wes casa rafarred to medical axaminer? 1 Yas 2 No

5 Panding Investigation

8 Could not be

1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Year)

28b. Tima of

28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

Other: 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 28c. Injury et Work?

1 Yes 2 No

28. Piece of Death (Check only one)

28d. Dascribe how Injury occurred 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29e. Cartifian

1 Natural

2 Accidant

3 Suicida

4 - Homicida

1 🔀 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, data and piece, and due to the cause(s) and manner stated.

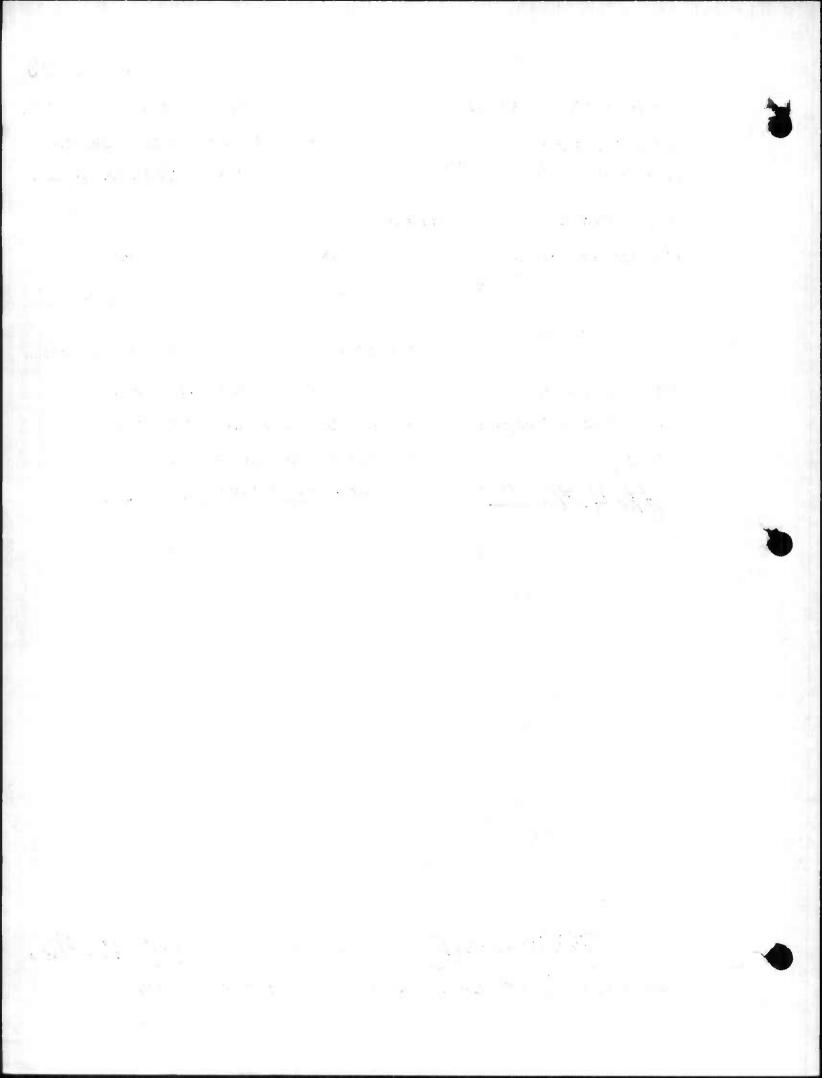
29b. Signeture end titla dia

29c. Licanse number D-34525 29d. Data signed (Month, Day, Year)

30. Nema and addrass of person who complated cause of deeth (Item 23e) (Type, Print)

MD 4000 Mitchellville Rd. Bowie, MD 20716 Suite 220 Sankineni Rao

State Registrar 31. Dete filed (Month, Day, Yaar) MAR 1 3 1996 32. Registrer's Signatura



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	FOR	STATE OF MARYLAND	/ DEDAI	TRACKT OF	E HEALTH AND	BEFELTAL LIVOR	96	08403					
	1 - STATE REGISTRAR		ERTIF	ICATE C	F HEALIH AND	MENIAL HYGIL REG. N							
	1. DECEDENT'S NAME (First, Middle, Last)	(George Barthe)	Loug	hrey)		2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH					
	660160	E B. C.		HRET	1	FEB. 2		6 6 19 P					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	lasi birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)					
	578-38-6026	1 🖾 M 2 🗆 F 71	YRS.			Nov. 21,	1924 W	ashington, De					
~	Se. FACILITY NAME (If not institution, give			9b. CITY, TOV	WN OR LOCATION OF D	EATH		TY OF DEATH					
5	Laurel Regional H	ospital		Laure	1		Prin	ce George's					
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LO	CATION			10d, INSIDE CITY					
PHO	Maryland Prin	ce George's	Hv	attsvil	116			LIMITS?					
4	10s. STREET AND NUMBER		1)	1	10f. ZIP COOE		10e. CITIZI	EN OF WHAT COUNTRY?					
FUNERAL	3611 Gramby Stre	et			20784		U.S.						
<u>S</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify		4. RACE — American Indian.					
	1 Never Married 2 Merried	FORCES? 1 X YES 2 (IF YES, GIVE WAR OR DATES	NO	If yes	yes 2 ⊠ NO Specific	en, Puerto Ricen, etc.)		Black, White, etc. Specify:					
8	3 Widowed 4 Divorced	WW II		1	The Page 100 open.	· ·		White					
딢	15. DECEDENT'S EDU (Specify only highest grade		DECEDENT'S	STRY									
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	lile. Do NOT u										
COMPL		2	Accou	ntant		Privat	e Secto	or					
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	en Surname)						
黑	Thomas A. Loughre	У			Ann B	arthel							
0	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)												
	Patsy Ruth Loughrey 3611 Gramby Street, Hyattsville, Maryland 20784												
ιV	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State												
	Fort Lincoln Cemetery 3/02/1996 Brentwood, Maryland												
	22. NAME AND AGORESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.												
	4739 Baltimore Ave., Hyattsville, MD 20781												
	23. PART I. Enter the disease, or	complications that caused the	death. Do	not enter the	mode of dying, euc	th as cerdlec or rea	piratory erre	et, Approximete					
1	ahock, or heart feilure. iMMEDIATE CAUSE (Final	List only one cause on each if	ne.					interval Betwee					
	diseese or condition	- Fair											
	reaulting in death)	NEMCCI	A-CUTO										
z	resulting in death) a. ACUTE MYOUNDIAL INFAMICION DUE TO (OR AS A CONSEQUENCE OF): STRENE ATHENOSILENOSIS YA.												
일	Sequentielly list conditions, if env, leading to immediate												
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
RTIFICATION	that initiated events	DUE TO (OR AS A CONS	EOUENCE O	F):									
EH	resulting in deeth) LAST	d											
	PART ii. Other algnificent condition	a contributing to death but no	t resulting	in the underly	ving cause given in	Part i 24a MMR	N AUTOBOY	Total Medic Almondy China					
₹						PERF	UN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO					
MEDICAL	Defair.	reported	- · ·	V13630	286	t 🗆 YES	2 (1200)	OF DEATH?					
Σ						-		1 TYES 2 TONO					
AN	DID TOBACCO USE CONT					иЫ							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ACE OF DEA	TH (Check only of OTHER:	one)								
ΙλS	1 YES 2 SHO	1 inpatient 2 SER/Outpatient		4 Nursing I	Home 5 🗆 Residence								
표	27. MANNER OF DEATH 1 Pending	(Month, Day, Year)	28b. TIM	IURY	INJURY AT WORK?	28d. OEŞCRIBE HOV	INJURY OCCU	RED					
à	2 Accident Investigation				YES 2 NO								
유	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm,	street, factory, o	office	28f. LOCATION (Stree City or Town, Ste	it end Number or le)	Rural Route Number,					
-													
PL	(Check only CERTIFYINO PHYS	CIAN: To the beat of my knowledge,	death occurr	ed at the time, o	date end place, end due	to the ceuse(s) end n	enner ee stated	L.					
291. LOCATION (Street and Number or Rural Route Number, City or Town, Steet) 292. CERTIFFIER (Check only One) 293. LOCATION (Street and Number or Rural Route Number, City or Town, Steet) 294. LOCATION (Street and Number or Rural Route Number, City or Town, Steet) 295. LOCATION (Street and Number or Rural Route Number, City or Town, Steet) 296. CERTIFFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.													
	29b. SIGNATURE AND TITLE OF CERTIFIE	41			29c. LICENSE NU	MBER	29d. DATE S	SIONED (Month, Day, Year)					
8	10	me /st	NO			422	> 2						
2													

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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LAUTE

ROBERT MA

32 REGISTAR'S CIGNATUR

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31. DATE FILED (Month, Day, Year)
MAR 06 1996

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	FOR STATE REGISTRAR	STATE OF N		DEPART					ENTAL HYGIENE REG. NO.		96	081.01.	
	1. DECEDENT'S NAME (First, Middle, Lest) Raymond	Leo MA	GNUS						Month 3, DATE OF DEATH	1996	YEAR	3. TIME OF DEATH 12:26 PM M	
	4. SOCIAL SECURITY NUMBER 722-09-6058	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. las	"	IF UNDER		IF UNDER 24	HRS.	March 19,	1928	B. BIRTH	h Dakota	
	Sa. FACILITY NAME (If not institution, give str		- 07				LOCATION			9c. COUN	ITY OF DE	EATH	
TOR	Frederick Memori	al Hospi	tal		Fı	ceder	rick			Fre	ederi	ick	
DIRECTOR	10e. STATE 10b. COUNTY	and all		Fred		R LOCATIO	ON				10d. INSIDE CITY		
	Maryland Frede	erick		rrec	erro		ZIP CODE 10g. CITIZEN OF WHAT					YES 2 NO	
FUNERAL	1211 Still Mea	dow Plac	ee				21703				S.A.		
B	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? PIF YES, GIVE WWII and	TEVER IN U.S. AR X YES 2 1 AR OR DATES Korean	Conf		I yes, spec	NDENT OF H	Maxican,	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No—	Black	- American Indian, , white, etc.	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	/G	CEDENT'S I	ork done o	CCUPATION during most	of working		16b. KIND OF BUS	INESS/IND			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	•)	ned a	,	Opera	ated		Food Co	nces	sions	3	
COM	17. FATHER'S NAME (First, Middle, Last)	1 1440	TIC		7				E (First, Middle, Meiden !	Surname) BUR(משי		
BE	Martin Richa	ard MAGN		b. MAILING	ADDRESS	Street an		_	ena				
5	Mrs. Margaret J. M	Magnus	Ĩ	211 8	stil.	l Mea	adow 1	Plac	ce, Freder	ick,	Md.	21703	
	20a. METHOD OF DISPOSITION 1	val from State	20b. PLACE	AND DATEO	F DISPOS ner place)	emato	ne of	amh	1	miths		wn, State g, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		0255	ŽŽ.	eeney	and and	Bas	Ford P.A.	Fune	eral		
	23. PART I. Enter the diseases, or c	omplications ha	t caused the de	eath. Do n								Approximata	
	ahock, or haart fallura. I IMMEDIATE CAUSE (Final	list only one cau	ise on aach lina									Interval Between Onset and Death	
	disease or condition reaulting in death)	CHILO	(OR AS A CONSE	D 15 8	we	rue	Pu	امن	nous Do	STA	E	1540.	
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CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF):								
LIFIC	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF):								
CER	resulting in death) LAST				_								
AL	PART II. Other algorificant condition			rasulting i	n the ur	nderlyIng	cause giv	en in P	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC	Conoming			EAS	<u>C</u>				1 YES 2	X NO		OMPLETION OF CAUSE OF DEATH?	
N	DID TOBACCO USE CONTR		USE OF DEA	TH YE	S 🗷 I		UNCE	RTAIN			-	7	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEAT	OTHER	R:	-						
HYS	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF	INJURY	28b, TIME	OF	28c. INJU	RY AT		Other (Specify) 28d. DESCRIBE HOW II	NJURY OC	CURED		
ВУР	1 X Natural 5 Pending 2 Accident Investigation	(Month, E		INJ	М	1 Y		NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	of INJURY — At he etc. (Specify)	ome, farm, s	treet, fact	tory, office			28f. LOCATION (Street a City or Town, State)	ind Number	or Rural F	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1) and menner es stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER		0				29c. LICENS					(Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	Shur	el no)	O-l- "		D 2	660	9	► M	arch	4, 1996	
	Dr. Joseph Ashw					Dri	ve, F	red	erick, Mar	ylan	d 21	702	
	31. DATE FILED (Month, Day, Year) MAR 0.6 199	32. REGISTR	AR'S SIGNATURE	1-4-									
	MAN U 0 199	0	, someone,	rundal	1							DHMH-18 Rev 1/8	

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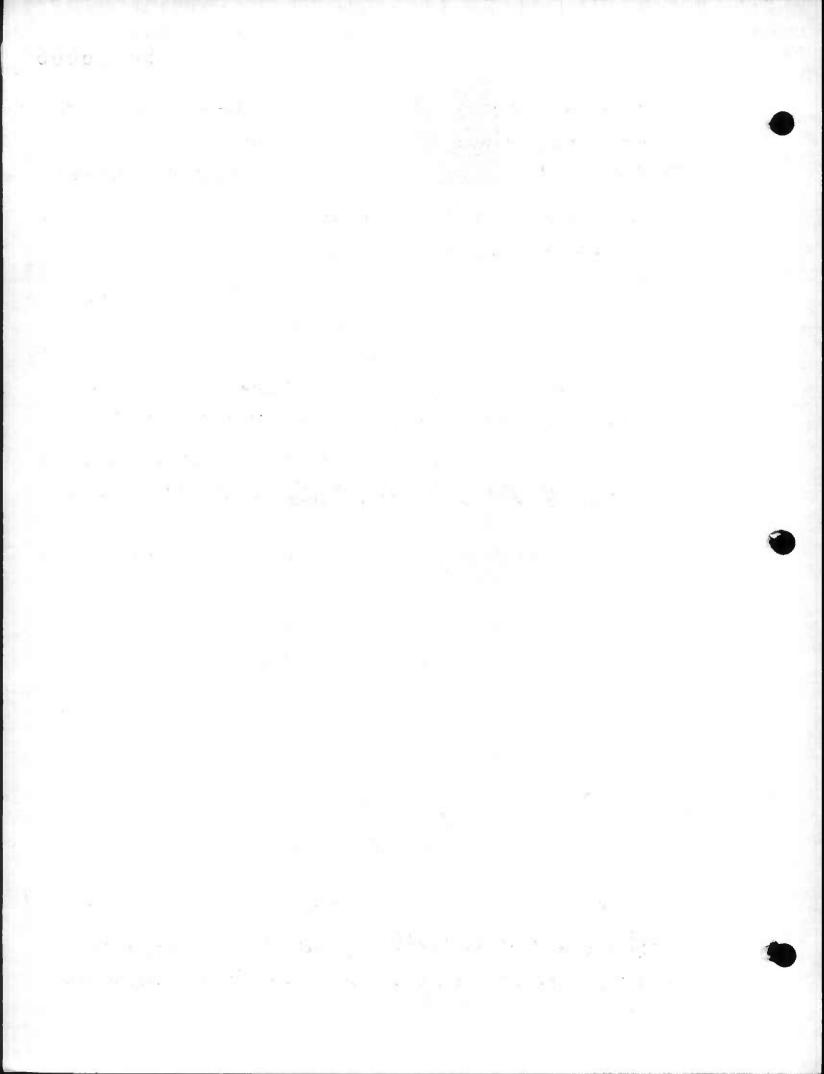
State of Maryland / Department of Health and Mental Hygiene 96

		7	Certificate of	Death	Reg.	No. 96	08405		
Physician	Decedent's Nema (First, Middle, Last)				2. Data of Death Month	Day Yee	3. Time of Death		
/Medical	Lloyd Ray Mitch	nell			March	1, 1996			
Examiner	4a. Facility Nama (If not institution, giva street an	nd number)		4b. City, Town, or Loc		4c. County of De	ath		
	Frederick Memorial F			Frederick		Frederic			
Funeral Director	5. Sociel Security Number 220–16–0424 6. Sax	7. Age (In yrs. last bir. 84	thday) If Undar 1 Yeer Months Days	Hours Min.	8. Date of Birth (Month, Day, Yea Dec. 18, 1	911 M	irthpiece (Stete or Foreig Country) aryland		
*	Usuel Rasidence of Decedent 10a. Stata 10b. County	10c. City, Tow	n or Location				10d. Inside City Limits		
H aho		100. Oxy, 10W	Frederi	.ck		1 □ Yes 2			
direct must be notified Funeral Director	10e. Street and Number 8117 Edgewood Church	n Road	10f. Zip Coda 2170	2	10g. Citizan of What Country? U.S.A.				
by By	3 ☐ Widowed 4 ☐ Divorced If Yaar	Dacedant Evar in U,S. ed Forces? Yas 2 N No s, Giva r or Datas:	13. Was Decedant of If Yas, specify Cub 1 ☐ Yas 2 ☒ No		cify Yes or No- lican, atc.)	14. Race - American Indien, Black, Whita, atc. Specify: White			
tem 27 is marked other than "netural", other traumetic event, the Medical Exa To Be Completed by	15. Decedant's Education (Specify only highest grada comple Elemantary/Secondary (0-12) Colle	a(ed) 16a. aga (1-4or 5+)	Dacedent's Usuel Occu (Giva kind of work dona lifa. DO NOT usa retire Farmer	petion during most of working d)	9	Kind of Busines			
The O		1	ratmet	18. Mothar's Nama					
meric event, To Be Co		J. MITCHELL		Lillie			JONES		
is marked of raumatic even	19a. Informant's Name/Raiationship (Type, Print		. Mailing Addrass (Stree			•			
27 is r trau	Mr. John M. Ferrone, N		93 William						
	20e. Mathod of Disposition 1 No Buriel 2 Cramation 3 Removel from Stata 4 Donation 5 Othar (Specify) 20b. Pleca of Disposition (Nama of cematary, crematory or other place) Rocky Springs Cemetery, Mar. 4,1996 Frederic								
lury in	4 Donation 5 Other (Specify)	Rocky	Springs Cem	etery, Mar	. 4,1996	Freder	ick, Maryla		
Important: If any injury or once.	21. Signature of Funarai Sarvice Licensea	Puby_M00703	Keeney & 106 East	ass of Facility Basford P., Church Str	A. Funera	1 Home	MD 21701		
physician and s the buriel-transit	Sequentielly list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disease or injury that initiated events.	DAREST - MARKET	consequence of):		4				
2 ° ×	resulting in death) Last	Due to (or es e o	consequence of);						
d by the attendi etached for use Physiclary	Pert II. Other significant conditions contributing	to death but not resulting in	tha underlying causa gi	ven in Part I.	23b. Dld tobac	co use contribu	its to the cause of death		
detach y Phy					1 🗆 Yes	2□ No 3□	Probably 42 Unknow		
page 2 should be detached page 2 should be detached Completed by Physic					24a. Was an au performed		b. Wara autopsy findings available prior to complation of cause of death?		
page Com					1 🗆 Yas	2 🔀 No	1 ☐ Yes 2 ☐ No		
director, par	25. Was casa referred to medical examinar?			28. Place of Death	(Chack only ona)				
0 D	1 No Hospital:		tpetient 3LI DOA		a 5 🗆 Rasidance	6 □Othar (Sp	pecify)		
al Director: After this ed in by the funeral Certification:	2 Accident investigation	(Month, Day Year) in		Yas 2 No	8d. Dascribe how in				
led in by the fu	3 Suicida 4 Homicide datarmined datarmined 28a. Placa of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 28a. Placa of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route City or Town, State)								
To the Funeral Direction of the Completely filled in the Medical Certi		o tha best of my knowledge ha besis of examinetion and mennar stated.	d/or investigation, in my	opinion, death occurred	d at tha tima, data	end piace, and d	ue to tha cause(s)		
Tot	30. Name and addrass of parson who completed RRBBRT5 M 31. Data filed (Month, Day, Yaar)	Poberte "	29c. Licani	7867	29d.	Data signed (Mo	nth, Day, Year)		
	30. Name and address of parson who completed	causa of death (flam 23a) ((Type, Print)	W DR F	REDERKE	MJ:	31702		
State	31. Data filed (Month, Day, Yaar)	32. Registrar's Signatura							

State Registrar

MAR 0 4 1996

32. Registrar's Signatura



Pla

Alan.

31, DATE FILED (Month, Day, Year)

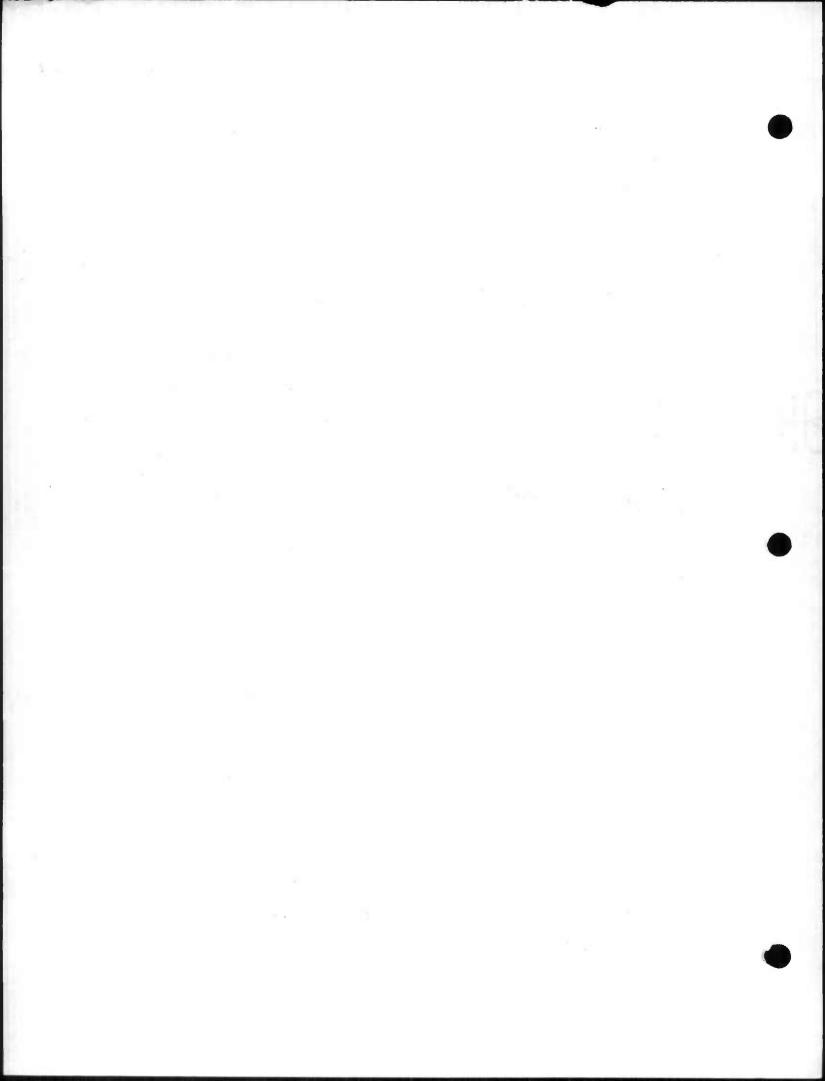
Keyes /

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR CHARLES MOTEN, February 28,1996 10:30 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) S. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 227-48-8935 55 December 8,40 Virginia 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Canfield Frederick Frederick Terrace RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick Maryland Frederick 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21702 227 Canfield Terrace United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, DIVE WAR OR DATES VIETNAM 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married Specify: Black 1 TES 2 NO Specify BY 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL U.S. Army 10 Military Career 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Roshall Mallory Rosa Morgan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 227 Canfield Terrace / Frederick, Md. 21702 Patricia L. Moten 20a, METNOD OF DISPOSITION 20c. LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 200, METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) er, cremetory or other piece) Resthaven memorial 3/4 Frederick, Maryland 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. 1621 Opossumtown Pike/ Frederick, Md. 21702 interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition 10/1 MOUS resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 10 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL . 1 TES 2 DINO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Puther (Specify) (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 2996 1 YES 2 DENO N BY 2 Accident 26a. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide COMPLETED 4 Nomicide 29s. CERTIFIER

//Check ant/

1 **EXERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated, 296. SIGNATURE AND TITLE OF GERTIFIES BE 010104 2 30. NAME AND ADDRESS OF PERSON MILD COMPLETED CAUSE OF DEATH (ITEM 27) (3)



		FOR STATE REGISTRAR		STATE OF I	MARYLA					HEALTH			YGIEN EG. NO				
		1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE OF I	D.		YEAR	3. TIME OF DEATH	
	П	Anne Ma		attox								March	3,	"1996	, LAI	2:18 a	
		4. SOCIAL SECURITY NUMBER 578-24-2028		5. SEX	6. AGE (In	yrs. lest	birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS, MIN.	7. DATE OF E (Moreth, Dar DECEN	inth ber	12,192	a. BIRTNPLACE (State or Foreign 1923 Virginia		
3 should		9a. FACILITY NAME (If not in		eet end number)				9b. CITY	r, TOWN	OR LOCAT	ION OF DEA		-	9c. COUN			
% 8	СТОВ	3208 Lassie	Ave.					S	uit	land				Pri	nce	George's	
quel .	닯	RESIDENCE OF DEC	10b. COUNTY				10c. CIT	r. TOWN (OR LOC	ATION						10d. INSIDE CITY	
permit. Pages	DIRE	Maryland		ce Georg	je's			uitl				LIMITS				LIMITS?	
permi	AL.	10s. STREET AND NUMBER							1	IOI. ZIP COD				4.77		WHAT COUNTRY?	
ansit	FUNERAL	3208 Lassi	e Ave.							2074	46			U.S.	.A.		
215-0020 attending physician. se as the burial-transit	J.	11. MARITAL STATUS 1 Never Married 2	Merried	FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)						14. RACI Blac	E — Americen Indian, k, White, etc.						
	BY	3 Widowed 4 Divo		IF YES, GIVE WAR OR DATES 1 □ YES 2 → NO Specify:						White							
Se ag	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work life. Do NOT use ret								ork done during most of working							
M S M	PE	Elementary/Secondary (t	0-12)	College (1-4 or 5	+)		ffic			ger		C	& P	Tele	ohor	ne	
MARYLAND retained by the hospit 5 should be detached notified at once.	NO O	17. FATHER'S NAME (First, M						THER'S NAM	E (First, Middl	e, Maiden	Surneme)						
MARYLA retained by the S should be dethe outsided at on	ш	Lester E. Athey Mabel									bel H	umerio	hou	se			
MAR retained 5 should	10 B	196. INFORMANT'S NAME (hype/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Nu															
	-	Killi Mattex 4205 Allison Circle, Idillat, VII 22000															
IORE, MAR e 6 may be retained ector, page 5 should must be notified		20e. MÉTNOD OF DISPOSIT TO Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Remo	val from State	como	dans con	matani ara	ther place)	ter	v. Ma	arch (DATE 5,1996	Fu]	Lton,	MS		
BALTIMORE, after death. Page 6 may be by the funeral director, page mnoval.		21. SIGNATURE OF FUNERA	00	Pal	_			22.	NAME 5633	and address	ess of FAC Alex	ander	Fer	neral ry Rd	Hon	me, Inc.	
B. hours after d in by the or removal		Clinton, MD 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. Approximation interval Bailing.													Approximate		
in 24 hour lely filled is nation, or the me		immediate cause (Final disease or condition resulting in death) a. 2/ccfrical dys Chythyneir - V. TAC. V F-16 Second												Onset and Dec			
N 2 5 5	-	- Lecurrant Myscarley Inforction 1-2le													1-2 Red		
OX 68: e be execute sician and co vior to buria traumatic	5	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):															
hate be exphysician and prior to	S	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST d. Consequence of: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										press					
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O Strain Strain O	լու	27. MANNER OF DEATH 1 Natural 5	Pending	28e. DATE Of (Month, i	Day, Yeer)		26b. TIM INJ	E OF URY M	٧	NJURY AT WORK? YES 2	□ NO	28d. DEŞCRI	BE NOW	INJURY OCC	URED		
ONING After death	D BY	2 Accident 3 Suicide 6	Investigation Could not be	26e. PLACE (OF INJURY		me, ferm,	straet, fec							or Rural	Route Number,	
ATTEN ATTEN ECTOR: 5 after n 28 l		4 Nomicide	determined	building	, etc. (apec							City of it	wn, State	,			
DIV TAL DR AT AL DIREC 72 hours	4PLE	Zant 1		CIAN: To the best o					- 1								
	COMPL	2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ee stated.															
TO THE HOSPI TO THE FUNER De filed within	BE	296. SIGNATURE AND TITLE	E OF CERTIFIER	/2	2			5-2	T		CENSE NUM	BER /				(Month, Day, Year)	
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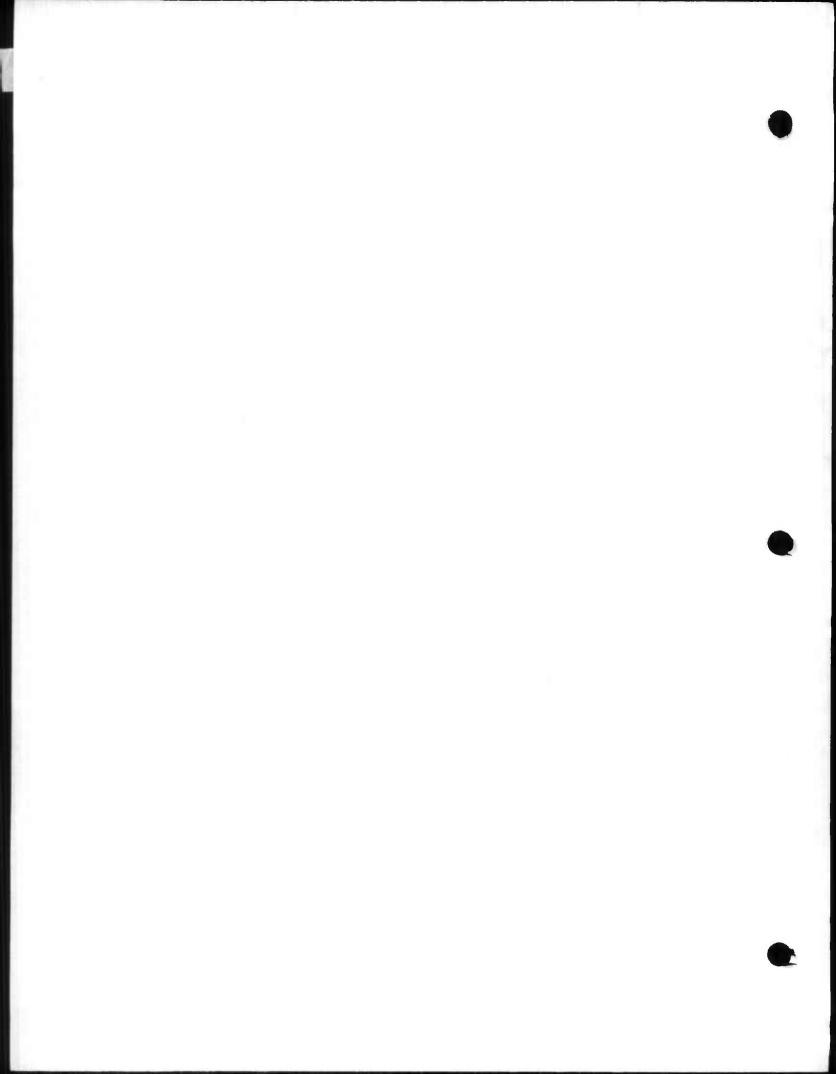
Dr. James Bacos, 18111 Prince Phillip Dr. #324 Onley, Maryland 20832

ATE FILED (MORE) Dr. #324 Onley, Maryland 20832

MAR 1 3 1996

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO BE



AMENDED #7, 3/7/96, B.P., WORCESTER CO. Please Type or Print in Black Indelible Ink. Assure All Copies Are I egible. State of Maryland / Department of Health and Mental Hygiene9 6 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 2. Data of Deeth **Physician** 16:00 PM MARIA MACUK 3 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** Atlantic General Hospital Berlin Worcester If Under 1 Yaer | if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) 5/15/07 9. Birthpiece (Stata or Foreign Country) Ukraine 6. Sex **Funeral** 1 M 2 KF Months Deys Hours (88) Yrs. 217-30-7869 83 Director Usual Rasidence of Decedent the Manyland 10a Stata 10h County 10c. City, Town or Location 10d. insida City Limits ms 23a or 28a-f show Worcester MD Berlin 1 Yes 2 No Director 10e. Street and Number 10f. Zin Coda 10g. Citizen of What Country? with 21811 USA 10814 Griffin RD pernit. Peges 1 and 2 should be filed within 72 hours after deeth v Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23/ any Injury or other traumatic event, the Medical Examinal must some. Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican indian, Black, Whita, atc. 11. Meritei Stetus 1 Nevar Merried 2 Married 1 ☐ Yas 2 No Specify: by Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) Housewife Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Surnama) Be Anna Romach Stephan Komarianska 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)
9800 Coastal Highway Unit 508 Ocean City, MD 19a. Informant's Name/Raletionship (Type, Print) Maria Kurinij 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of 3/7/86 20c. Location - City or Town, Steta St. Michaels Ukrainian Cemetery 1 Buriai 2 □ Cramation 3 □ Ramovai from State Baltimore, MD 4 Donation 5 DOthar (Specify) 21. Signatura of Funeral Sarvice Licensee 22. Nama and Addrass of Facility Burbage Funeral Home 108 williams St. Berlin, MD 23a. Parti. Enter the risaasa, or complications that of shock, or haart aijura. List only ona causa or or aused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, ach line. Approximata Interval Between Onset and Death **Physician** /Medical Immediata Cause (Finel diseasa or condition resulting in death) **Examiner** Examiner physicien and the burial-transit Sequentially list conditions, if any, laeding to immadiata causa. Entar Underlying Cause (Disaase or injury that initiated evants resulting in daath) Lest Dua to (or as a con Physician/Medical Dua to (or es e consequence of): 65 US6 0 signed by the e Part il. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to complation of cause of death? page 2 hes certificate 1 ☐ Yas 2 ☐ No 25. Wes casa refarred to medical Be 26. Place of Death (Check only one) examinar? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yas 2 No 20 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Manne of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Natural 5 Panding 1 Yes 2 No invastigation 7 2 Accident 6 ☐ Could not be datamined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece o Injury - At homa, ferm, straat, factory, office building, etc. (Specify) filled in by 4 Homicida 29a. Certifian 1'Certifying Physician: To tha best of my knowledga, deeth occurred at tha tima, data and plece, and due to the ceuse(s) and mannar as stated. Medical 2 Medical Examiner: On the besis of axamination and/or invastigetion, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner steted. (Check only one)

The law requires that the deeth certificete be executed Division of Vital Records, P.O. Box 68760. Attending Physician: 24 hours after death. Hospital or within 2 To the \$ 0

Baltimore, Maryland 21215-0020

State Registrar

31. Data filed (Month, Day, Year)

29b. Signature and title of certifier

MAR 07 1996

30. Neme and addrass of person who completed cause of death (Item 23a) (Type, Print)

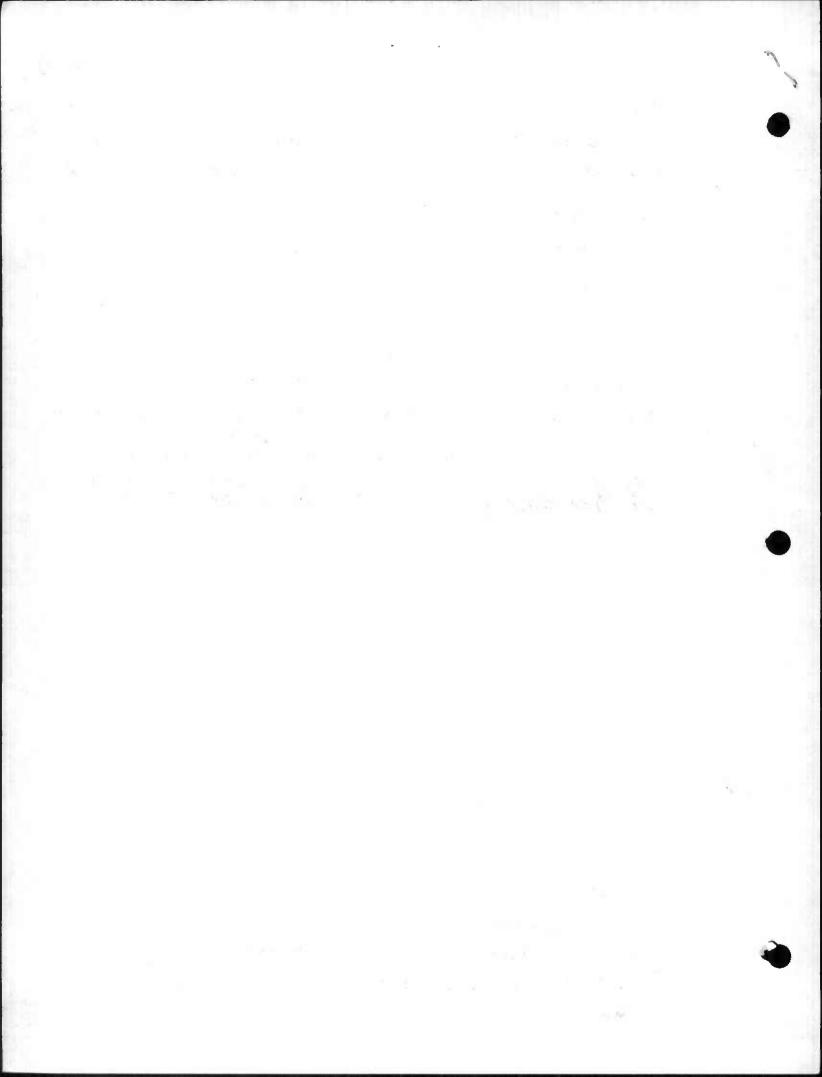
Dr. Bsher Touleimat 9733 Healthway Dr. Berlin, MD 32. Begistrar's Signature John Davidson Rardall

29c. License number

29d. Date signed Month, Day, Year)

21811

DHMH 16 Rev 6/95



REG. NO

FOR STATE REGISTRAR

1 DECEDENT'S NAME (First Middle Last)

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2. DATE OF DEATH 3. TIME OF DEATH 7.56 March 996 M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS (Month, Day, Year) 4-23-10 1 M 2 K F 85 264-34-1899 Georgia permit. Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. SOUNTY OF DEATH 9e. FACILITY NAME (If not institution, gi Okince DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Prince Georges Fort Washington 1XXYES 2 NO FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20744 U.S.A. burial-transit 11905 Bion Drive 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuban, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 ☐ Widowed 4 ☐ Divorced as the Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY use (Specify Elementery/Secondary (0-12) jo College (1-4 or 5+) Seamstress N/A detached 3rd once. 16. MOTHER'S NAME (First, Middle, Meiden Surneme) 17. FATHER'S NAME (First, Middle, Last) 2 TO Elizabeth Grier John Coleman BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3610- Tyrol Dr. Springdale, Md. 20774 Edmond Morgan 9 20e. METHOD OF DISPOSITION
1% Burlel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must h 3/9 Harmony Memorial Park Landover, MD. SIGNATURE OF PUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Hackett's Funeral Chapel, Inc. Nac (an w 814- Upshur Street, N.W. filled in by the fillion, or removal. medical MRT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heert fellure. List only one ceuse on each line. Interval Between cremation, or Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) erebal pletely f event, DUE TO (OR AS A CONSEQUENCE OF) and com other traumatic CERTIFICATION Sequentially list conditiona, 2 inding physician a Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury the attending p that initiated evente resulting in death) LAST ò injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL to been signed by the pt. of Health and N Gratio infeg had Llude апу COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? Shows 510 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\sqrta \) UNCERTAIN \(\sqrta \) PHYSICIAN: certificate has be the State Dept. 23 26. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL:
| Inpetient 2 | ER/Outpetient 3 | DOA 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 the 27. MANNER OF BEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Netural 2 Accident this 5 Pending Investigation BY DIRECTOR: After to hours after death item 28 is mark 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. TO THE FUNERAL DE filed within 72 h 2/ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured et the time, date and piece, and due to the cause(e) end manner ee stated. 29c. LICENSE NUMBER w 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LUCIO S. VILLA-PEAL, M.D. - # 2 ST. PATRICKS DRIVE, UNIDORF NO. 20603 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

trial.

making the state of the state of

er death. Page 6 may be retained by the hospital or attending physician. He funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should val. I examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9e. FACILITY NAME (if not institution, Regency Nursin, Regency
ours after death. Page I in by the funeral direct removal.		23. PART / Enter the diseases ahock, or heart fall
SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by to certificate be considered filled in by the funeral director, page 5 should be in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	HYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant configured in the configuration of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician. In THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trane filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEI	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investig: 3 Sulcide 8 Could n 4 Homicide 6 Could n 4 Homicide 6 Could n 299. CERTIFIER 1 CERTIFYING (Check only 0ne) 2 MEDICAL EX 295. SIGNATURE AND TITLE OF CER
HT GE SIGN	TO B	30. NAME AND ADDRESS OF PERSO

FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAN				EALTH AND	MENTAL	HYGIEN			0.00,1,1,10,1
1. DECEDENT'S NAME (First,	, Middle, Last)			CLITTI	TOATE		DEATH		OF DEATH			3. TIME OF DEATH
IFONA PLEAS	ZANT MAI	TIAHOO						MONTH		02 -	96	8:00 P M
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yr	s. lest birthday)	1		IF UNDER 24 HRS.	7. DATE C	OF BIRTH Day, Year)	V /		PLACE (State or Foreign
577-09-4240		1 🗆 M 2 🗍 F	98	YRS.	MONTHS	DAYS	HOURS MIN.		30-189	7	Courtry	Illinois
90. FACILITY NAME (If not in	stitution, give stree	et and number)		tion	9b. CITY	TOWN (OR LOCATION OF D			9c. COUNT	TY OF DE	EATH
Regency Nur	Conter	nd Kena	Dilita	CION	Fo	ores	tville,	Mary1	Land	Pri	nce	Georges
10e. STATE	10b. COUNTY			10c. CI	TY, TOWN C	R LOCAT	TION					tod. INSIDE CITY LIMITS?
Maryland		George	3	Fo	rest		e, Maryl	Land				1 X YES 2 NO
100. STREET AND NUMBER						101	. ZIP CODE					HAT COUNTRY?
7420 Marlb							20746				S.A.	
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1		NO NO			CENDENT OF HISPA ecity Cuben, Mexico			s or No-	Black.	- American Indian, White, etc.
3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES	311		YES	NO Specif	ity:		7.11	Specifi	White
15. DEC	EDENT'S EDUCA	TION	164	n. DECEDENT'S	S USUAL O	CCUPATIO	ON	16b.	KIND OF BU	SINESS/INDU		
(Specify onl	y highest grade co	College (1-4 or 5		(Give kind of life. Do NOT u	work done	during mo	ost of working					
12	5-12)	College (1-4 or 3	''	House	wife			Do	omesti	C		
17. FATHER'S NAME (First, M	fiddle, Last)			nouse			18. MOTHER'S NA					
Noah L. Li	ре						M. Ar	tie I	Bost			
19a. INFORMANT'S NAME (Type/Print)						and Number or Rural					
Enola Crap	per			6210	- 61	st P	lace, Ri	iverda	ale, N	laryla	nd	20737
20e. METHOD OF DISPOSIT 1 ☐ Buriel 2 1 Cremetic	ION	-1.1 51		ACE AND DATE			ame of	DATE	20c. LC	CATION C	ity or To	wn, State
4 Donation 5 Other		al from State	Nati	onal N	demor	ial.	Park 03-	-14-9	6 Fai	lls Ch	nircl	h. Virginia
21. SIGNATURE-OF FUNERA	L SERVICE LICE	NSEE	0		22.	NAME A	HALL'S F	ACILITY				,
1 Vale	a (P)	Mas	ala a	00			Suitlar				d N	Maryland
23. PART y Enter the d	Iseases, or co	molications the	t caused th	e death. Do								Approximate
ahock, or h	eart fallure. Li	at only one cer	isa on each	Ilna.			rue or uying, suc	011 88 0810	ied of feep	matory area		interval Batween Onset and Death
IMMEDIATE CAUSE (Fig disease or condition			a 1.	77 . 1								
resulting in death)	a .	Acute	Cardia	C Fail	ure							24 hrs.
		Ischem				v						10 yrs.
Sequentially list condit				NSEQUENCE (,						1 3 3 3
cause. Enter UNDERLY	ING	Under1	ying S	mall V	esse.	1 Di	sease of	f Cord	onary	Arter	ies	20 yrs.
CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CO	NSEQUENCE (OF):							
resulting in death) LAS	d.											
PART II. Other significa	ent conditions	contributing to	death but	not resulting	In the ur	derivin	n cause niven in	Part i	24s. WAS AF	VPROTILA	24h	WERE AUTOPSY FINDINGS
Far adva									PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
rar_auva	nceu ag	e with	recent	. maint	ILIIL	TOIL	problems	_	1 TYES	2 XI NO		OF DEATH?
DID TOBACCO U	ISE CONITRI	DUITE TO CA	LISE OF I	DEATH V	EC [NO F	UNCERTAL	INI 🗆				1 YES 2 NO
25. WAS CASE REFERRED 1		BUIE IO CA		PLACE OF DE	ES L						1	
EXAMINER?		HOSPITAL:			OTHE	R:						
1 YES 2 NO		1 Inpetient 2		28b. TI	1 21		ne 5 Residence	_		INJURY OCC	IBED	
-	Pending		Day, Year)		JURY M	W	YES 2 NO	200.000	onibe now	IIIOOIII OOO	ONLO	
2 Accident 3 Suicide	Investigation	28e. PLACE (OF INJURY —	At home, term,	street, tec			28t. LOC	ATION (Street	end Number	or Rural A	cuts Number
4 Homicide	Could not be determined	building	etc. (Specify)		,,				or Town, State			
29e. CERTIFIER	TIEVING BUVO	IAN. To M. S.	t man bar and a de	direct.		-						
(Oriotin Oriny Al							e end place, and du death occured at th) end menner se stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIER	1 _			_		29c. LICENSE NU	JMBER		29d. DATE	SIGNED	(Month, Day, Year)
Kricha	rd (1	1. Fal	Sin	MI	()		DO2237	7		▶ 03	3-03-	-96
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	oe, Print)					-		
RICHARD A.					ort R	oad,	Fort Wa	ashin	gton,	Maryl	and	20744
31. DATE FILED (Month, Day.	1996	REGISTR OF	UTILATE SIGNAL	white the								

DHMH-16 Rev 1/89

120 00 1256 Willemanning

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Please Type or Print In Black Indelible Ink. Assure All Copies Are | egible.

		State of Maryla		rtment of <i>ificate o</i>			giene 9	6 08	411	
ian	1. Decedent's Neme (First, Middle, Last,)		·		2. Date of De Month	ath Dey	3. Ti	me of Deeth	
cal ner	LEONARDO M. MAGUIGAD, J 4e. Fecility Name (If not institution, give street and number) 4b. (MARCH Location of Death	02,199	6 2	155PM	
		ty Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. Ju Month Deys Min. Ju Month Deys Min. Ju Month Deys Min. Ju Month Deys Min.								
	10e, Stete 10b. County	10c. C	ity, Town or Loca	ation				de City Limits		
octo		George's 1	Fort Was					Yes 2 No		
Dir	10e. Street end Number 513 Round Table D	r		10f. Zlp Code 2074			10g. Citizen of Whet Country? U.S.A.			
Funeral Director		12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No	lf '							
by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	10	□Yes 2XIN	o Specify:		Specify	Filipino		
Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondery (0-12)	cetion e completed) College (1-4or 5+)			upation e during most of wo red)			d of Business/Industry		
Co	17. Fether's Neme (First, Middle, Last)	ACCOUL	it kepi	esentativ	me (First, Middle,	Printi				
To Be	Leonardo M. Magui	gad, Sr.			Socco	ro S. Qu	iambao			
	19a. Informent's Neme/Reletionship (Ty	pe, Print)	19b. Meiling	Address (Stre	et end Number or R	lural Route Numb	er, City or Town,	State, Zip Code)		
	Leonardo M. Maguigad, Sr. 513 Round Table Dr. Ft.Washington, Md. 20744									
	20e. Method of Disposition 1 Number 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, cremetory or other piece) Resurrection Cemetery 3/8/96 20c. Location - City or Town, Stete Clinton, Maryland									
	21. Signature of Furieral Service Lockness 22. Neme end Address of Fecility George P. Kalas Funeral Home 6160 Oxon Hill Rd., Oxon Hill, Md. 20745 23a. Perfl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Brinter									
	immediate Cause (Final disease or condition resulting In death) e. Due to (or es a consequence of):									
cal Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or as e conseque	ence of):						
Physician/Medic	that initiated events resulting in deeth) Lest									
sicia	Part II. Other significant conditions con	tributing to death but not re-	sulting in the und	derlying ceuse	liven in Pert I.	23b. Did	tobacco use co	ntribute to the ca	use of death	
by Phy						10	Yes 2□ No	3 Probably	4 Unknow	
Completed t		an autopsy ormed?	24b. Were auto available p completio of death?	prior to						
Son						NO.	Yes 2□No	12 Yes	2□ No	
Be	25. Was cese referred to medical examiner?	lospitel:			Wher:	eth (Check only o				
1. To	Yes 2 No	1 Linpatient 2K	28b. Time of	3LI DOA	4 LI Nursing	Home 5 Resi	dence 6 □Oth how injury occur			
Certification:	1 Naturai 5 Pending investigation 3 Suicide 6 Could not be	28a. Date of Injury (Month, Day Year) 28b. Time of Injury at Work? 1 ☐ Yes 2 ☐ No 28c. Injury at Work? 1 ☐ Yes 2 ☐ No						per or Rural Route	Number.	
	4 Homicide determined 29a. Certifier 1 Certifying Physics	building, etc. (Speci	(hy)			City or To	wn, Stete)			
edical		elclan: To the best of my known ar: On the basis of examination and manner steted.	etion and/or inve	stigetion, in my	opinion, deeth occ	e, end due to the urred et the time,	dete end piece,	enner as stated. and due to the ca	use(s)	
Me	29b. Signature and title of certifier	~			nse number		29d. Date signe	d (Month, Day, Ye	er)	
	/// 7	~		O.C.	M.E.	1	MARCH 03	1996		

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State istrar 31. Dete flied (Month, Dey, Year) MAR 05 1996

111 Penn Street, Baltimore, Maryland 21201
32 Registrar's Signeture

July Maryland 21201

Registrar

guipi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	HL O	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR						9	6 08412			
	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEAD CATE OF DE		NTAL HYGIEN REG. NO.					
	t. DECEDENT'S NAME (First, Middle, Last) PERNELL F. MILLE	CR CR				DATE OF DEATH DO	Ĭ 19	3. TIME OF DEATH 2:15 P M			
	0// 00 15/5	SEX 6. AGE (In	6. AGE (In y73. last birthday) 70 YRS, MONTHS DAYS HOURS MIN. Jul					BIRTHPLACE (State or Foreign Country) Suplin Cty, NC			
OR	90. FACILITY NAME (If not institution, give street Southern MAR)	CITY, TOWN OR LO	CATION OF DEATH		PRINCE GEORGES						
DIRECTOR	100. STATE 10b. COUNTY Maryland Princ	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOC					LOCATION Washington, Maryland 10d. INSIDE CITY LIMITS? t				
	10e. STREET AND NUMBER			10f. ZIP	CODE			OF WHAT COUNTRY?			
FUNERAL	4102 Maidstone Pl				207		United States				
BY FUI	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 2NO	If yes, specify	ENT OF NISPANIC (Cuben, Mexican, P XNO Specify:	ORIGIN? (Specify Yea uerto Ricen, atc.)	or No- 14	BACE — American Indian, Black, White, atc. Specify: Black			
ED	15. DECEDENT'S EDUCATI (Specify only highest grade cont	ON noteted)	16a. DECEDENT'S US	k done during most of	warking	16b. KIND OF BU	SINESS/INDUS				
COMPLET	Elementary/Secondary (0-t2)	College (t-4 or 5+)	life. Do NOT use i	Laborer		0 -1-2	Factor	у			
CO	17. FATHER'S NAME (First, Middle, Lest) Charlie Frederick			18.		First, Middle, Maiden	Sumeme)				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and N		Blunt	n State Zin Co	rdel			
5	Rebecca Williams		4102 M	Maidstone	Place F	ort Wash	ington	, MD 20744			
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or charge place) 4 Donetion 10 Disposition 10 Dispos						DATE 20c. LOCATION — City or Town, State Mount Olive, N.C				
	21. SIGNATURE OF EDWERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Alexander S. Pope Funeral Homes										
	Mex.).	Posse	18.					mes le, MD. 20747			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death, so not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause of each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
RTIFI	CAUSE (Disease or injury that initiated events resulting in desth) LAST										
S.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
MEDICAL	PART II. Other significant conditions of	t i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Y UNCERTAIN										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		DITCERIAIT						
SIC	EXAMINER?	ØSPITAL: ☑ Inpetient 2 ☐ ER/Outpa	tient 3 DOA 4	OTHER: Nursing Nome 5	☐ Residence 8 ☐	Other (Specify)					
/ PHY	27. MANNER OF DEATN 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WORK?		d. DESCRIBE HOW I	NJURY OCCUP	RED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Specia	— At home, farm, stri		Tes 2 ND 281. LOCATION (Street and Number or Rural Poute Number, City or Town, State)			Rural Route Number,			
COMPLET		N: To the best of my knowle	edge, danth occurred	at the time, data end	plece, and dua to	the cause(e) and ma	nner as stated.				
	2 MEDICAL EXAMINER: C	On the basis of examination	end/or Investigation,		occured at the time.			Guee(a) and manner as stated, IGNED (Month) Day, Year)			
TO BE	mon	MA	Aller	duy ?)-245	735	▶ SATE S	11/9/			
	30. NAME AND ADDRESS OF PERSON WHO C	anch H	TH (ITEM 27) (Type, P	P-101	Clini	DN 1	Ud	20735			
	31. DATE FILED (Month, Day, Year) MAR 0 5 1996 Jackson Day Services Signature										

White the same will be a fine

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death cardificate be executed with chospital or attending physician.	TO THE TOWNS THE BIRD SENDING THE BURN SENDING THE BURN SENDING THE BURN SENDING TO SENDING TO SENDING THE BURN SENDING TO USE AS THE BURN-TRANSFER PERMIT. BE INTERNALLY WITH THE SENDING THE BURN SENDING THE BU
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	FOR 1 - STATE	STATE OF MARYL	AND / I	DEPARTMEN	T OF I	HEALTH AND	MENTAL HYGIEI	91	0 08413
	REGISTRAR			RTIFICAT			REG. NO	_	
. /	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	DAY	3. TIME OF DEATH			
		Daisy Alice		Morri	S		Februa		
	4. SOCIAL SECURITY NUMBER		in yrs. last	MONTHS	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	I. BIRTHPLACE (State or Foreign Country)
	215-05-3809		96	YRS.	DATE	moona mm.	SEPT.18,	1899	MARYLAND
_1	9a. FACILITY NAME (If not institution, give st	CORC - CORO -			Y, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	BERLIN NURSING & REHABILITATION CENTER BERLIN WORCESTER								
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
뜻	MARYLAND WORC	ESTER		WHALE					LIMITS?
	10e. STREET AND NUMBER			***************************************		r. ZIP CODE		I 100 CITIZE	EN OF WHAT COUNTRY?
FUNERAL	11646 SHEPPARDS C	ROSSING ROAD				21872			SA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARM	IED 13.			NIC ORIGIN? (Specify Ye	s or No— 1	4. RACE — American Indian, Black, White, etc.
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		´			XNO Specify: Specify:		
	15. DECEDENT'S EDUC		V					<u> </u>	WHITE
2	(Specify only highest grade	completed)	(Giv	EDENT'S USUAL (e kind of work done Do NOT use retired.)	during m	ON ost of working	16b. KIND OF BU	ISINESS/INDU	STRY
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)		OMEMAKE			OWN E	OME	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NAME (First, Middle						
	NED POWELL						DUKES	Sumame)	
H	19a, INFORMANT'S NAME (Type/Print)		19h.	MAILING ADDRES	S (Street	and Number or Rural	Boute Number Chi or To	un State 7in C	Parda)
5	19a. INFORMANT'S NAME (Type/Print) CATHERINE LITTLETON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5359 POWELLVILLE RD. PITTSVILLE, MD 21850								
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campilery, crematory or place place) ARE CEMETERY 20c. LOCATION — City or Town, Stata 2/26/96 WHALEYVILLE, MARYLAND								
1	4 Donation 5 Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE LICE		JALE			NO AGORESS OF FA		TEIAT	LE, MAKILAND
	HASTINGS FUNERAL HOME SELBYVILLE, DE 19975								
-	23. PART I. Enter the diseases, or c	omplications that believed	the dee						
- 1	ahock, or heart failure. I	lat only one cause on ea	ch line.	di. Do not ente	i the in	de or dying, suc	n as cardiac or resp	eratory arrea	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	(A) A		0	D .:	2/	4 D		Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSECU	IENCE OF:	ne	yea	et De	rear	e 4 yrs
_		Genera	Pri	00 0	A	2 4	0		5 44
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSECU	JENCE OF):	ju	rose	ceroses		1
₽ I	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEOL	JENCE OF):					
E	resulting in death) LAST	l							
- I	PART II Other aignificant conditions	contributing to death by	ut not se	sulting in the u	ndodsta	a agus alum ta	Post I as week		
MEDICAL	Energial	_//	-	eoning in the tr	ilderiyin	g cause given in	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	Contin Of	199		1	0.		1 TYES	Z NO	COMPLETION OF CAUSE OF DEATH?
	DID TODA CCO LICE CONTE	noses an			_	eoney			1 TES 25 NO
PHYSICIAN:	DID TOBACCO USE CONTR			OF DEATH (Check		UNCERTAIL	и Ц Т		
흥	EXAMINER?	HOSPITAL:		OTHE	R:				
¥ ∥	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet 28s. DATE OF INJURY		28b. TIME OF	_	ne 5 Residence		N H H H O O O O O	050
	1 🐰 Netural 5 🗌 Pending	(Month, Day, Year)		INJURY	W	PRK?	28d. DESCRIBE HOW	INJURY OCCU	RED
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At hom	e form street fac			281. LOCATION (Street	and Mumber of	Dural Davin Number
	4 Homicide a Could not be determined	building, etc. (Special	fy)		101 9, 01110	*	City or Town, State)	noral riodile Nomole,
9	29a. CERTIFIER . M. CERTIFUSIO BUYEN		-						
COMPLETED		CIAN: To the best of my knowle							
8		. On the page of Examination	STRUME IN	realigation, in my	opinion, c	eenn occured at the	time, data and placa, a	nd due to the	cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	7 (DD.	2	2	0	29c. LICENSE NUM D29505	MBER		SIGNED (Month, Day, Year)
O Sulgario M. Sellas M. J. D29303									-24-96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

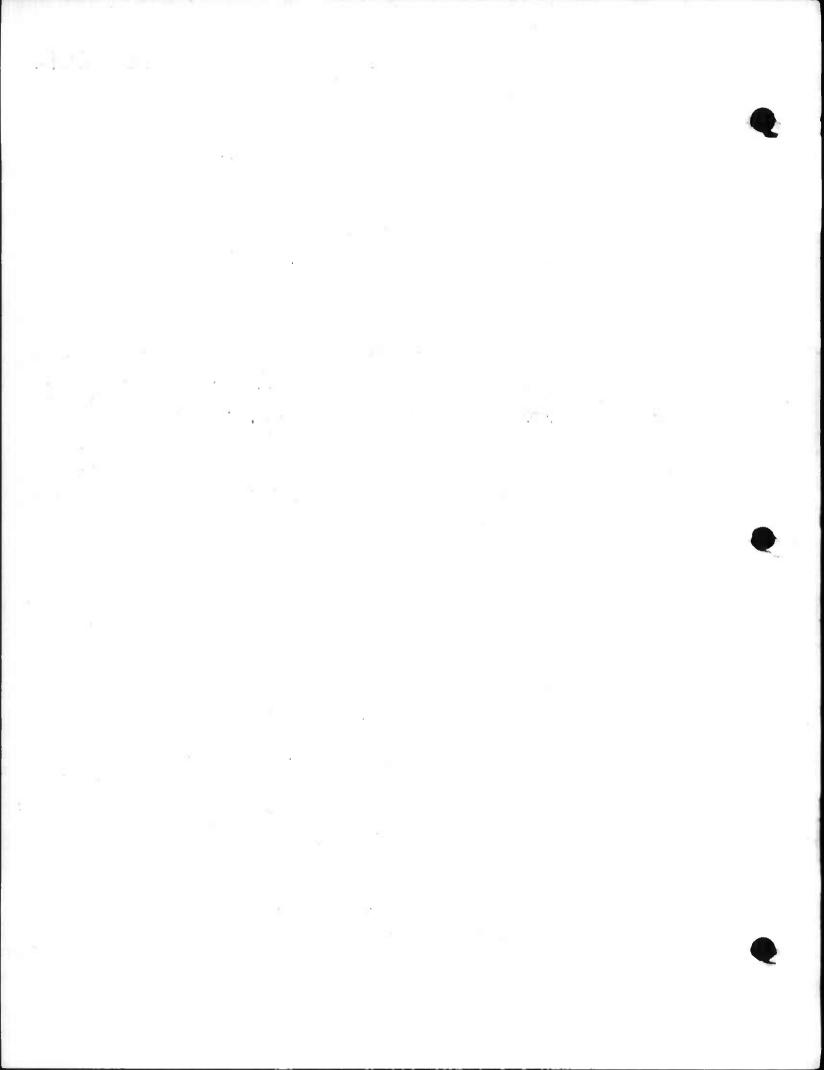
Gregorio Belloso, MD 4421 Beechwood Place Crisfield, MD 21817 410−968−3149

31. DATE FILEO (Month, Day, Year)

FEB 2 8 1996

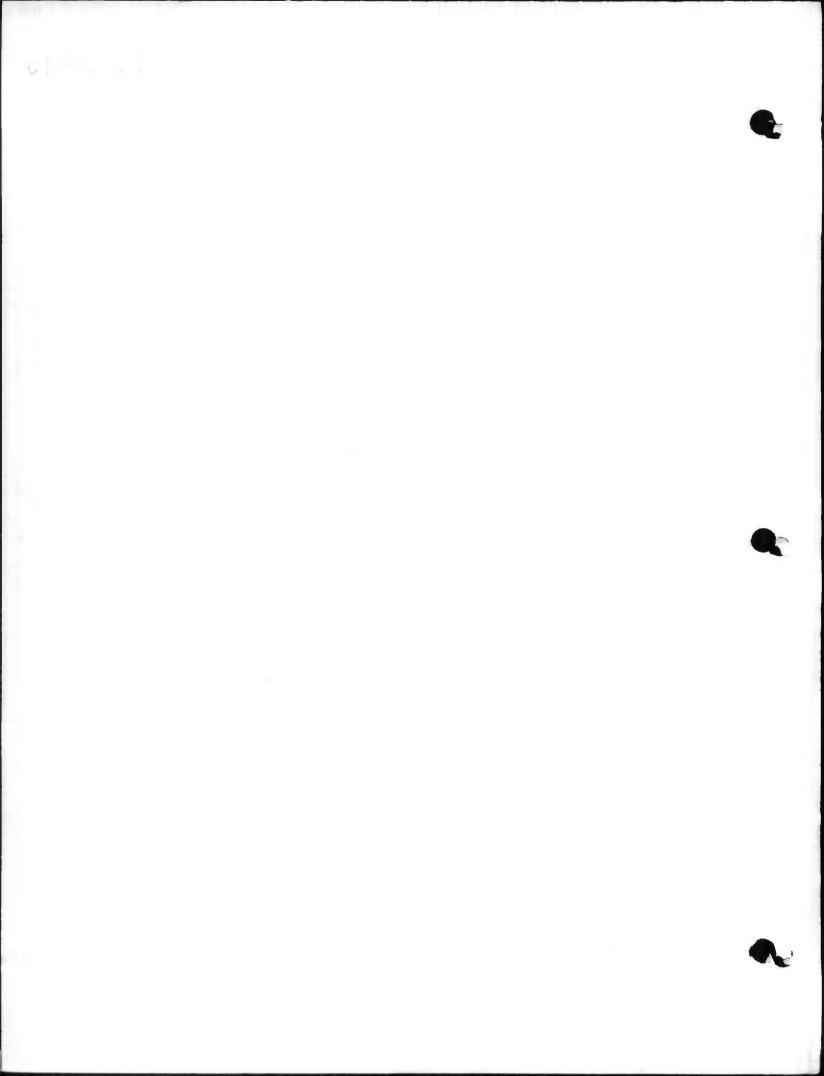
32 hegistinas signatura

January March



	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH		
	HELEN FRAN	CES	NEWTON			MARCH 2	1996	10:36 A	A M	
	4. SOCIAL SECURITY NUMBER	-		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Count	IPLACE (State or Foreign	n	
	219-16-8691 9a. FACILITY NAME (If not institution, give s	1 M 2 X F	71 YRS.	DAYS	HOURS MIN.	SEPT. 8, 1	924 MARY	LAND		
DIRECTOR	ATLANTIC GENERAL	HOSPITAL		BERLIN			WORCESTE			
E I		10b. COUNTY 10c. C			ON			10d. INSIDE CITY		
	DELAWARE SUSS	JSSEX SELBYVIL						1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE		WHAT COUNTRY?			
삘	16 RIVER BIRCH DR	IVE		1	9975		USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Narried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X NO	If yes, sp	ENDENT OF HISPAN city Cuban, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No — 14, RACI Blac Spec	E — American Indian, k, White, etc.		
	15. DECEDENT'S EDU		16a. DECEDENT'S U	SUAL OCCUPATION	N -	16b. KIND OF BUS	INESS/INCUSTRY	WIIIIE	_	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mo		105111115 01 500				
P	Elementary (0 12)	2	HOMEMAK	ER		OWN	HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	GEORGE J. RUHL				THERESA	K. HOFFMA	N			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F	Noute Number, City or Town	, State, Zip Code)			
-	GLEN D. NEWTON		16 RIVE	R BIRCH	DRIVE,	SELBYVILLE	, DELAWA	RE 19975		
	20a. METHOD OF DISPOSITION 1	oval from State 20	ob. PLACE AND DATE OF emetery, crematory or othe SALISBURY	DISPOSITION (Na OF Place) CREMATO	na of	1	TSBURY.			
	4 Donation 5 Other (Specify). SALISBURY CREMATORY 3/2/96 SALISBURY, MARYLAND 21. SIGNATURE OF THERAL BERVICE LICENSEE									
	1/4 l. 10	12/2	_	HASTIN	GS FUNER	AL HOME, S	ELBYVILL	E. DE. 199	975	
	23. PART i Enter the diseeses, or	complications that cause	ed the deeth. Do no	t enter the mo	de of dying, sucl	h as cardiac or reaple	ratory arrest,	Approximata		
	immediate cause (Finel disease or condition reaulting in deeth)	a. Rugst	med	Th.	nei	ane	urpm	Interval Between Onset and De		
N	Sequentially list conditions.	disease or condition resulting in deeth) a. // Cup the d Thouse Only 2 c/y. DUE TO (OR AS A CONSEQUENCE OF): The disease or condition and the consequence of the c								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):		0					
윤	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									
ᇤ	resulting in deeth) LAST									
	PART II. Other algoriticent condition	a contributing to death	but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN	ALITOPSY 246	. WERE AUTOPSY FINDIN	108	
SAL			•	,,,,,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
유						1 🗆 YES 2	XNO	OF DEATH?		
2	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH '	ES I NO	2 [1]		T TES 2 NO		
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Chi	ick only one)				
Sic	1 YES 2 X NO	HOSPITAL: 1 ☐ Inpetiant 2 X ER/Ou		OTHER:	5 Residence	6 Cother (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURED		\neg	
BY	1 X Natural 5 Pending 2 Accident Investigation				ES 2 NO					
	2 Accroent 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED		ICIAN: To the best of my kno								
Š	2 MEDICAL EXAMINE	ER: On the beels of examinati	ion and/or investigation,	In my opinion, d	eath occured at the	time, data and placa, and	d due to the cause(i) and menner as stated	d.	
BE	296. HIGHATURE AND TITLE OF CERTIFIES	Jus			29c. LICENSE NUN	18ER 2712	29d, DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type 5	rint)	0,1	116	1/2	1 46		
	AARON GREEN, M.D.				IN, MARY	TLAND 2181	1			
	31. DATE FILED (Morith, Day, Year) MAR (14.199	32. REGISTRAN'S SIG	CHATURE RANGELL.							
		/ /	THE STATE OF THE S							





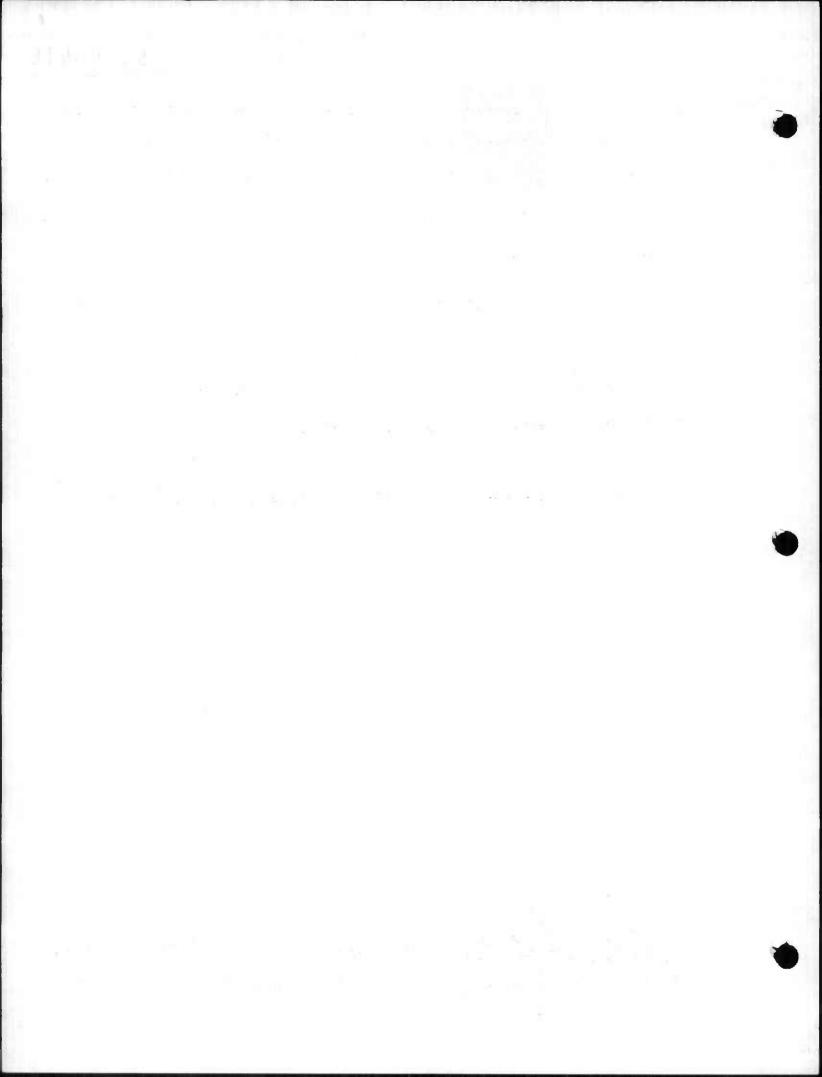
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Logible

State of Maryland / Department of Health and Mental Hygiene

08415 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Veer POCH BERNARD Francis 1996 0655 PM 04 MARCH /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Shady Grove Adventist Hospital Rockville Montgomery 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Birthplece (State or Foreign Country) **Funeral** Deys 12 M 2□ F Yrs. 63 Director 578-44-4022 1932 Wash. D.C. Usuei Residence of Decedent death with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f ahow 7 is merked other than "natural", or items 23a or 28a-f ahov traumetic event, the Modical Examiner must be notified as Montgomery Boyds 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 22610 Peachtree Road 20841 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? '1≦'Yes 2 □ No If Yes, Give Yeer or Detes: 954/56 Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. e filed within 72 hours efter of Hygiene. 1 ☐ Never Married 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: ρ Specify: 3 ☐ Widowed 4 ☐ Divorced white Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) hardware store Owner permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 is marked oths any Injury or other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Frank Poch Cecelia Briody 19e. fnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Kay E. Poch 22610 Peachtree Rd. Boyds MD 20841
ca of Disposition (Neme of Dispositio wife 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Olivet 3/7 Frederick, MD 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility Hilton Funeral Home 22111 Beallsville Rd. Barnesville, MD20838 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Lest and Due to (or es e consequence of) P.O. Box 68760. nding physician Physician/Medical Due to (or es e consequence of) etten the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were eutopsy findings eveileble prior to Completed 24a. Wes en eutopsy performed? completion of cause of deeth? hes 2-3-No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) 1 Yes Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To Inpatient 2 No 2 ER/Outpetient 3 DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending investigation 2 🗌 No 1 Yes death. efter death 2 Accident filled in by the 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours or To the Funeral C To the Hospital edical Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner as steted.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner stated. 29e. Certifier 29b. Signapere and title of a 29d. Dete signed (Month, Day, Year) 29c. License number e end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Frederich Rd, Ga. Those by 01 32. Registre's Signeture 31. Date filed (Month, Dey, Year) State MAR 06 Registrar

DHMH 16 Ray 6/95



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r aftend	use as		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		96.
y the I	e deta		nt one
uned b	Dino.		fled a
e retai	e 5 sh		noti
may t	Jr, pag		ist be
age 6	directo		er mu
death. P	funeral		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
affer (by the	amoval.	lical c
hours	led in	1, Or re	med.
hiii 24	tely fil.	mation	it, the
ed wit	omple	al, cre,	even
execut	and c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	matic
ate be	ysicial	prior	r trau
certific	ding ph	lygiene	r other
death	affen	ental h	Iry, 01
at the	by the	and Me	y Inju
res tha	gned	ealth a	rs an
requir	Deen S.	L of H	show
he law	has !	e Dept	m 23
IAN: I	rtificate	he Stat	or ite.
HYSIC	his ce	with th	ked,
DING P	After 1	death	1 mar
ATTEN	CTOR	after	28 h
. OR A	DIRE	hours	item
SPITAL	VERAL	7 uil	VIE II
# HO	# FUN	by with	HTA!
T 01	70 74	be file	IMPC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DE	ATH	. VE	3. TIME OF DEATN
	-		Ardelle		Plum	,				March			10:30 A M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. Id	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIF (Month, Day,	Year)		SIRTHPLACE (State or Foreign Country)
	213-18-9857 9a. FACILITY NAME (If not in	settetion also e	A	10	THS.	OF CITY	/ TOWAL	D I COAT	ON OF OE	Nov. 1		L9 COUNTY	Maryland
OR	26030 M	t. Ver	non Ave.					scus	ON OF UE	AIN			tgomery
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCAT	ION					10d, INSIDE CITY
E I	Maryland	Mon	tgomery			,		scus					LIMITS?
	10e. STREET AND NUMBER							. ZIP COD	Ε		10	g. CITIZEN	OF WHAT COUNTRY?
FUNERAL		Mt. Ve	rnon Ave	•				2	0872			Unit	ed States
BY FUI	11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2	RMED NO		If yes, sp	ecify Cube		IIC ORIGIN? (Spe n, Puerto Rican,			RACE — American Indian, Black, White, etc. Specify: White
<u>E</u>		EDENT'S EDU		16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON of working	207	16b, KINO	OF BUSINE	SS/INDUST	RY
COMPLETED	Elementary/Secondary (6		College (1-4 or 5	+)	fe. Do NOT u	se retired.)			'n				
MP	12				Owner	-ope	rato	_				ty Sh	qo
	17. FATNER'S NAME (First, M	ry C.	Gue		18. MOTHER'S NAME (First, Middle, Maiden Surname) Sallie Amelia Pool						,		
BE	ton, INFORMANT'S NAME (:1	96. MAILING	ADDRES	S (Street a	nd Number	_	TIC MINE			io)		
10	Sallie P.	Harri	S		429 Twin Arch Rd., Mt. Airy, Md. 21771						771		
	20e, METHOD OF DISPOSIT	ION on 3 🗆 Ram	oval from Stata	20b. PLACI	E AND DATE	OF DISPOS	SITION (Na	me of		DATE	20c. LOCAT	ION — City	or Town, State
	4 Donation 8 Other 21. SIONATURE OF FUNERA		ENSEE		Damas					5/96			s, Md.
	MV	. 4	Kan	1 -	Olin L. Molesworth, P.A.								
	26401 Ridge Rd., Damascus, Md. 20872 23. PART I. Enter the diseases, or compiles one that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate												
7	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diasse or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL O	PART II. Other eignifica	int condition	e contributing to	death but not	reculting	in the u	nderlyin	g ceuse	given in		WAS AN AUTPERFORMED	0?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO U	ISE CONT	RIBUTE TO CA	USE OF DE	ATH Y	ES 🗹	NO [UNC	ERTAIL	<u> </u>		l	T TES 2 (gMO
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:	26. PL/	ACE OF DEA				/				
YSI	1 YES 2 1 NO		1 Inpatient 2		_		rsing Hon		naldenca	8 - Other (Spec	ify)		
	27. MANNER OF DEATN 1 Natural 5	Pending	28a. DATE Of (Month, L		28b. T/N	JURY		PRK?	7 440	28d. DESCRIBE	HOW INJU	RY OCCURE	ED
BY	2 Accident	Investigation	28e, PLACE (OF INJURY — At I	nome, farm,	streel, fec		YES 2	_ NO	28f. LOCATION	(Street and	Number or B	tural Route Number,
ED	4 Homicide	determined	building	etc. (Specify)						City or Town			
COMPLET	one)		ICIAN: To the best o										use(e) and mennar as stated.
BE	296. SIGNATURE OND TITU		21	lu	D	29c. UC	S D Z	MBER S	20	MATE SIG	SNED (Month, Day, Year) Ret 4, 1996.		
20. Name and address of person who completed cause of Death (ITEM 27) (Type. Nakul Goyal, M. D. 18111 Pri							Phi	llip	Dr.	, Olney	, Md.	208	32
	31. DATE FILED (Month, Day,			AR'S SIGNATURE									9.3
	MAK 0	6_1996	falsa	Davelson 1	Carall							-	DHMH-16 Rev 1/89

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month 3. Time of Death **Physician** MARCH 08:30 AM 1996 Williams /Medical PARRISH 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number Birthplece (Stefe or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 100 M 2□ F 364-76-5752 Usual Rasidance of Decedant Yrs. Director June 19, 1959 Michigan the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Meryle Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any Injury or other treumatic event, the Medical Emminer must be not in deal once. 10 Yes 2 □ No Directo Md. Frederick Brunswick 10e. Street and Number 10g. Citizen of What Country? 227 East Potomac Street USA Funeral 21716 12. Wes Decedent Evar in U.S.
Armed Forces?

12 Yas, Giva
Yaar or Datas: 13. Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Navar Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorcad White Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Attorney Government 17. Fether's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Thomas Fernell Pannish Donothy Louise Hoy 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Peggy Parrish - Sister
20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other place)

20b. Place of Disposition (Name of cematary, cramatory or other place)

20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel Irom Stata 4 □ Donation 5 □ Other (Specify) Hagerstown Crematory 3/5 21. Signature of Funerel Service Licensee Hagenstown, MD 22. Nama end Addrass of Facility Banbana A. Williams, Owner Brunswick, MD 2/7/6

23a. Part1. Enter tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heer fellura. List only one cause on each line. Approximata Interval Between Onset and Death Physician /Medical Immediata Causa (Final disease or condition rasulting In deeth) ACUTE LYAIPHUCYTIC LEUKEMIA 2 month Examiner Dua to (or as a consequance of) Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disease or Injury that initiated evants resulting in deeth) Last Dua to (or as e consequence of) Box 68760, Due to (or as e consequence of): Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 ☐ Yas 2 No 25. Was casa rafarred to medical axaminer? Be 26. Placa of Death (Check only ona) Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral di 27. Mannar of Death 28e. Deta of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 5 Pending Invastigation 1 Natural 1 Yes 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicide 28I. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa ol Injury - At home, larm, streat, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledga, daath occurred et tha time, dete and place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner steted. Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) KulV. C D47312 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) JOINS HOPKINS ONCOLOGY CENTER, PARTMONES MO 0.0 ONNELL MD PhD 32. Registrar's Signatura / Day, Year) State MAR 06 1996 Registrar

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BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (FI								2. DATE OF DEATH MONTH PAR 1996		YEAR 2016	3. TIME OF DEATN		
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs. le	est birthday)	IF UNDER	and the second second	IF UNDE	24 HRS.	7. DATE	OF BIRTH	-/	8. BIRTH	PLACE (State or Foreign
577-34-740		1 □ M 2 🂢 F	97	YRS.	MONTHS	DAYS	HOURE OR LOCAT	MIN.	11-	7–1898			ginia
			cility				Vashi					TICE	George's
RESIDENCE OF D	CEDENT												
Livingston RESIDENCE OF DI 100. STATE Maryland	10b. COUNT	arles		10c. CIT	v, town o In o		non Hea	d					10d. INSIDE CITY LIMITS? 1 X X YES 2 NO
	R					_	f. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?		
3540 Laure	l Drive			20640					640			II	SA
10. STREET AND NUMBER 3540 Laure 11. MARITAL STATUS 1 Never Merried 2 3 (X) Widowed 4 D	_	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. A I YES 2 X MAR OR DATES	AWED XID	1	f yes, sp		on, Maxica	in, Puerto f	? (Specify Yes tican, etc.)	or No—		American Indien, c, White, etc.
15, D	ECEDENT'S EDU		16a. D	ECEDENT'S Give kind of a	USUAL OC	CUPATI	ON of work	ina.	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary 7 th 17. FATHER'S NAME (First,		College (1-4 or 8		Cler	e retired.)	Jung III	or work	ny	F	ederal	Gov	ornm	ont
17. FATHER'S NAME (First,	Middle, Last)			OLCI.	ic .		18. MOT	HER'S NA		Aiddle, Maiden		ermu	ent
Jeren	iah C	ockrell								earson			
Jeren 19a. INFORMANT'S NAME			1	9b. MAILING	ADDRESS	(Street	and Numbe			er, City or Town		Code)	
Cleo P. Ha	wthorn	е		3540	Laure	e1 I	r.	Indi	an He	ead. M	arv1	and	20640
20e. METHOD OF DISPOS 1 Buriel 2 Creme 4 Donation		oval from State	20b. PLACI	SITION (Ne	el Dr. Indian Head, Maryland 206 mme of commetery, cremetory or Crematory Alexandria, Vi					wn, State			
21. SIGNATURE OF JUNE		CENSEE	_ Incti	opoxx	22.	NAME A	ND ADDRE	SS OF FA	CILITY	TALE	xaliu.	ı ıa,	viiginia
· Why	+ Mu	2								Funera			Md. 20745
If any, leading to immediate. Enter UNDER													
	-	d	death but not	resulting	In the un	deriyir	g causa	given in	Part I.	24a. WAS AN		246	WERE AUTOPSY FINDINGS
PART II. Other elgnif										1 TES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF I	DEATH (C)	heck only on	ne)			
EXAMINER?		HOSPITAL:	EB/Outpetient	3 🗆 2004	OTHER				6 🗆 Othe				III. G.
27. MANNER OF DEATH	Pending	28a. DATE O		28b. TIN		28c. IN	JURY AT ORK? YES 2		7	CRIBE NOW I	NJURY OC	CUREO	
2 Accident 3 Suicide 6	Could not be determined	28a. PLACE building	OF INJURY — At I	nome, farm,	atreet, fact					ATION (Street or Town, State)		r or Rural	Route Number,
e cool —		ICIAN: To the best of											s) and manner se stated.
296. SIGNATURE AND TH	nexi	ala					00	PASE NU	48		Do	.28	(Month, Day, Year)
R. M. NE	DZ BA	LA,MB	1170	1 210	11N 65	TOA	p-	2, F	7. W	131-1	yei.	207	44
MAR 0	1996	REGISTA	AR'S SIGNATURE	44									

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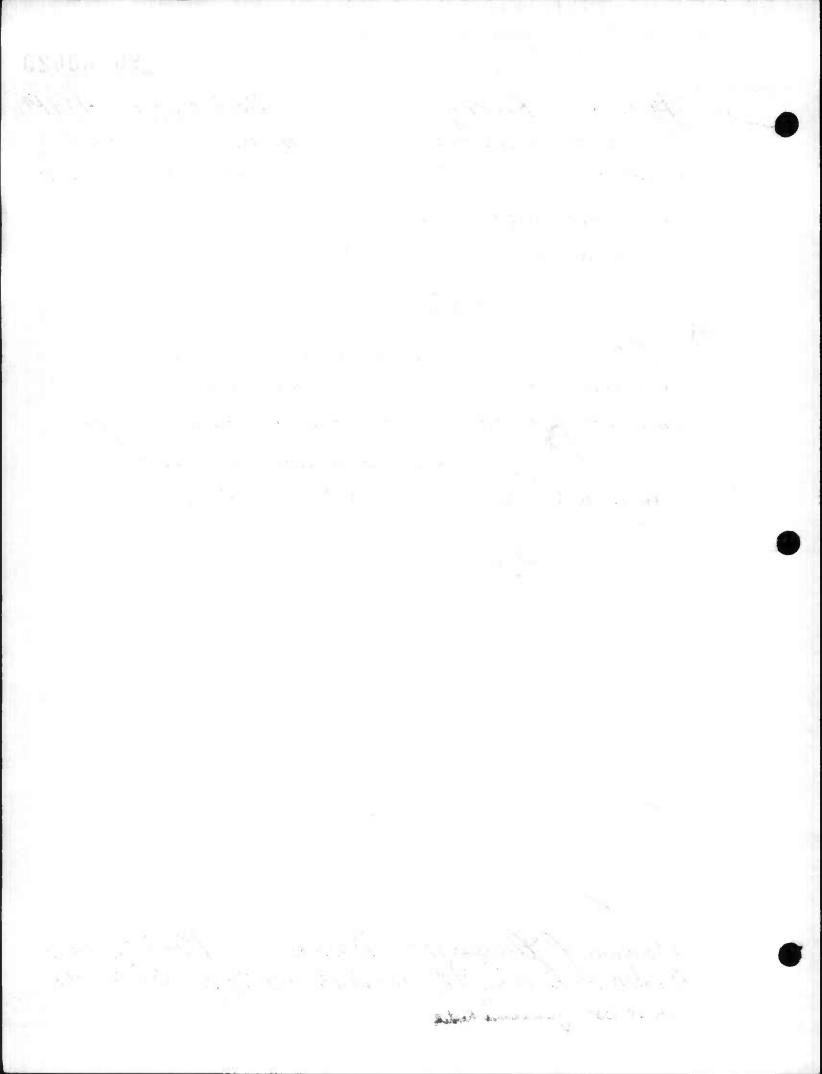
Please Type or Print in Black Indelible ink. Assure All Copies Are Leable

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) Date of Deeth 3. Time of Death **Physician** schald /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Prince George's Prince George's Hospital Center Cheverly If Under 1 Year Months Deys If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys 12 M 2□ F 56 Yrs. Director 190-32-5621 09-24-1939 Pittsburgh, PA Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or itema 23a or 28a-f show other treumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director Prince George's 1 Yes 2 □ No Maryland Hyattsville 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 20784 6909 Freeport Street U.S.A. Funeral filed within 72 hours efter death Wes Decedent of Hispenic Origin? (Specify Yea or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 11. Meritel Stetus 14. Rece - American indlen, Bleck, White, etc. Armed Forces of MCXYes 2 No 9/1/61 It Yes, Give Yeer or Detes 7/22/1964 1 Never Merried 2 M Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry Il Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12th Maintenance Worker Government parmit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg important: If Item 27 is marked other any Injury or other treument. 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Surneme) Be John Henry Prunty Almeda Moore 19a. Intorment's Neme/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Romaine Wanda Prunty/Wife 6909 Freeport St, Hyattsville, Maryland 20784 20b. Plece of Disposition (Nema of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 03/09/ 1 ☐ Buriel 2 ☐ Cremetion 3 🖾 Removel trom State Restland Memorial Cemetery 1996 4 ☐ Donation 5 ☐ Other (Specify) Monroeville, PA 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility J.B. JENKINS FUNERAL HOME Nancy A. Parcan 7474 Landover Road, Landover, MD 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Cause (Final diseese or condition resulting in death) /Medical Examiner Dua to (or as e consequence of) Physician/Medical Examiner The law requires that the deeth certificate be executed use es the burief-transit Sequentielly list conditions, if eny, leeding to immediata ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated avants resulting in death) Last Due to (or es e consequence of) Box 68760, ettending physician Due to (or es e consequenca ot): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Division of Vital Records. 8 24b. Ware autopsy tindings aveileble prior to comptation of cause of deeth? 24e. Wes an eutopsy performed? Completed hes page 2 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director, 25. Wes cese referred to medical Be 26. Place of Death (Check only one) Hospitel: 1 Yes Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3FI DOA After this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturet 5 Pending 1 Yes 2 No Investigation 2 Accident after death Director: 6 Could not be determined 28t. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28a. Plece of Injury - At home, tarm, streat, fectory, office building, etc. (Specify) 4 - Homicida thin 24 hours a 1 Pyelcian: To tha best of my knowledge, deeth occurred et the time, date and place, and dua to tha cause(s) and mennar as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et tha time, dete end place, and dua to the causa(s) end menner stated. 29a. Certifier Medical (Check only one) 29d, Date algned (Month, Day, Year, 29c. License number 0 xalu

State Registrar 31. Date filed (Month, Dey, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF I	DEATH	W	YEAR	3. TIME OF DEATH	
	ANTHONY		STANLEY		P	06-R	A	SKI		FEBRU	ANY			0015	М
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	R 24 MRS.	7. DATE OF E (Month, Da	HRTH V. Ybar)		8. BIRTH Countr	IPLACE (State or Foreign)	ın
	216-05-868		1 🔀 M 2 🗌 F	81	YRS.					October	18,			ryland	
DIRECTOR	90. FACILITY NAME (If not in PENINSULA RE	GIONAI		CENTER				S BURY		EATH	ę	Bc. COUN	COMI		
띮	RESIDENCE OF DEC	10b. COUNTY	r		10c. CITY	r, TOWN OR	LOCA	TION						10d. INSIDE CITY	
	Maryland		comico		Sa	alisb								LIMITS?	
FUNERAL	Rt. 3, Box		Shavox	Rd.			10	1. ZIP COD 2 1	80 l			US		VHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive			TEVER IN U.S. A	RMED NO	If	yes, sp		in, Maxice	NIC ORIGIN? (S in, Puerto Ricei y:		or No-	14. RACE Black Speci	E — American Indian, k, Whita, etc.	
	-	COURT IN	1								1			ite	
	(Specify on	EDENT'S EDU ly highest grade	completed)	(0	ECEDENT'S Give kind of w b. Do NOT us	vork done du	ring mo	ON ost of worki	ing	16b. KIN	D OF BUS	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (t	0-12)	College (1-4 or 5	+)	Buildi		ont	ract	٥٣		Cone	truct	ion		
NO.	17. FATHER'S NAME (First, M	fiddle, Last)			Juliu	ing c	Olic	·		ME (First, Middl			1011		
BE C	Stanislaus		Pogra	bski		34		Pa	ulin	e		Lewk	.0		
10 8	19a, INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	(Street a	and Numbe	r or Rurai	Route Number, (City or Tow	n, Stata, Zip	Code)		
-	John B. L	ong II			124 I	E. Ma	in	St.,	Sal	isbury	, MD	2180	1		
	20a. METHOD OF DISPOSIT 1 💢 Burlai 2 □ Crematic	on 3 🗆 Ram	oval from State	cemetery, cr	AND DATE O	ther place)				DATE		CATION (Olty or To	own, State	
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		DENOES.	Wic	omico N			Park		12/29	S	alisb	ury	MD	
	21. SIGNATURE OF PURERA	L SERVICE LI	1							neral :	Home				
	5401	1. Kto	elowa	4			501	Sno	w Hi	11 Rd.	, Sa	lisbu	ry,	MD 21801	
CERTIFICATION	Sequentially list conditions in the sequentially list conditions to limite cause. Enter UNDERLY														
MEDICAL CE	PART II. Other significa	ant condition	a contributing to	death but not	reaulting	in the unc	leriyin	g cauae	given in		. WAS AN PERFOR	/	24b	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
_	DID TOBACCO U	JSE CONT	RIBUTE TO CA	AUSE OF DE	ATH YE	SZI	10 E	JUNG	CERTAI	N 🗆				t YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	26. PL/	ICE OF DEAT	OTHER	,)							
YSI	1 ☐ YES 2 ☐ NO		1 Inpatient 2			4 🗆 Nursi	ng Hor		lealdenca	6 Dther (S)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TIM INJ	E OF JURY M	W	JURY AT ORK? YES 2 [_ NO	26d. DESCRI	BE HOW	NJURY OCC	CURED		
		Could not be datarmined	26e. PLACE (building	OF INJURY — At h , etc. (Specify)	nome, farm, s	street, tecto	ry, offic	ca		26f. LOCATIO City or To	N (Street own, State)	end Number	or Rural	Route Number,	
COMPLETED	one) —		ICIAN: To the best of											a) and manner as state	ed,
BE C	206. SUSPATURE CHO VITLE	OF CERTIFIE							ENSE NU			29d. DATI	/	(Month, Day, Year)	
٥	36. NAME AND ADDRESS O	E PERSON AV	IO COMPLETED CAL	ISE OF DEATH OF	EM 27\ /km-	Drint!		~ 0	0 /	-(1	12	166	
	OJA (octe	ux,	S	100		ve	- L	1.	1 Ja	21	buy	1 1	4218	S
	31. DATE FILED (Month, Day, FEB	2 8 199	6 Jana	AR'S SIGNATURE	Carlott					100					
			6											Dinner	4.000

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A. Comment of the Com

IINKNOWN (96-041)

State of Maryland / Department of Health and Mental Hygiene Q6 081, 21

Case #		6-1109-047			Certificate	e of Death		Reg. No.	0 (10421
Physic	ian	1. Decedent's Name (First, Middle, L	ast)				2. Date of I	Death Day	Year	3. Time of Death
/Med		CALVIN	G.	PUI	RNELL		0.3		1996	0645
Exami		4a. Facility Name (If not institution, g	iva street end number)			4b. City, Town, o	or Location of De	ath 4c. County	of Death	
		8629 Ironshi	ce Road,			Berlin		Wo	rces	ter
Funeral Director		5. Social Security Number 6. 220 – 26 – 3581		e (In yrs. last l 81	Yrs. If Under	1 Yaar if Undar 24 H Days Hours Mi		Birth Day, Year)	9. Birthp	place (Steta or Foreign) WARK, MD.
P .		Usual Rasidence of Decedent								
ehov ehov	-	10a. State 10b. County	CTED		wn or Location				1	10d. Inside City Limit
Sa-f	cto	MD WORCE	SIER	DE	RLIN					1 LI Yas KLIN
permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heath and Mental Hygiene. Important: if flem 27 is marked other than "natural," or itams 23a or 28a-f show any Injury or other traumatic event, to a Medical Examinar must be notified at ORGS.	al Director	10e. Street and Number 8629 IRONSHIRE	ROAD		10f. Zip (²¹⁸¹¹		10g. Citizen of		ntry?
dea Final	Funeral	11. Maritai Status	12. Was Decedent Armed Forcas?	Ever in U,S.	13. Was Decede	ent of Hispanic Origin? fy Cuban, Mexicen, Pu	(Specify Yas or I	No- 14. Rac	ca - Amaric	
al', or ft	by	1 Naver Married 2 Marriad 3 Widowed 4 Divorced	1 ☐ Yes 2 1 1 If Yas, Giva Year or Datas:		1 □ Yas 2	X	onto mount, arc.)		y: BLAC	
72 ho	Completed	15. Decedent's	Education	16	a. Decedant's Usual	Occupation	li alcia a	16b. Kind of B	usiness/in	dustry
within 7	ple	(Specify only highast g Elementary/Secondary (0-12)	College (1-4or 5	5+)	life. DO NOT use	k dona during most of was retired)	vorking			
gien gien	00	6th			LABORER			FARMER		
al Hygie other	Be	17. Father's Name (First, Middle, Las	et)			18. Mother's N	lame (First, Midd	le, Maiden Sumer	ne)	
Aenti Aenti rked tice	To	GEORGE	ALBERT PUR	RNELL			ISAB	ELLE SEL	BY	
and Mental la marked of aumatic eve		19a. Informant's Name/Relationship	(Type, Print)	19	b. Malling Address	(Street and Number or	Rural Route Nun	ber, City or Town	, State, Zip	Code)
and 2 ealth a n 27 is		Mable Tingle - S	liston		Jolley Men	norial Chap	el, 1211	3 Jersey	Road	21001
1 Health tem 27 other tr		20a. Method of Disposition	ISTEL	200. Placa	Of Disposition (Nem	e or	Date	20c. Location	- City or To	21801 own, Stata
Peges nent of I int: If Its		1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec			tery, cremetory or ott ARY UM CH		3-7-96	BERLIN,	MD.	
pemit. Pege Department of Important: If any Injury or odce.		21. Signature of Funeral Service Lice	**	CALV		Addrass of Facility	7-7-70	DE ILLIN,	110.	
Depa Impo any Ir		21. Signature of Fundral Service Lio			zz. Ivaine and	Addrass of Facility				
		Sorella	D. Abelle	y						
		23a. Part1. Enter the disease, or con shock, or heart failure. List onl	nplications that caused y one oscies on each lir	i the death. De	o not enter the mode	of dying, such as card	lac or respiratory	arrest,	i	Approximate Interval Between
Physician				**					1	Onset and Death
/Medicai		Immediate Cause (Final	50 1	111	Inhala	1021-			1	
Examiner		disease or condition resulting in death)	-			1100	<u> </u>			
	ē			Due to (or as	a consequence of):				i	
ned ned	in in	Sequentially list conditions, if any, leading to immadiate cause. Enter it leads by the conditions are cause. Enter it leads by the conditions are cause.								
al-tra	xa	Sequentially list conditions, if any, leading to immadiate		Due to (or es	e consequence of):					
be a ician burit										
icata be axecuted physician and s the burlal-transit	Medical	that initieted events resulting in death) Last		Due to (or as a	consequence of):				i	
ding ph	Me		d						i	
es that the death ce igned by tha attendir be detached for use	Physician/	V	u							
tha a	sic	Part II. Other eignificant conditions	contributing to death be	ut not resulting	In the underlying ca	use given in Part I.	23b. DI	d tobacco use co	entributa to	o the cause of deat
by t	Phy						1{	Yes 2□No	3 Prol	bebly 457Unkno
s the	by I						_			
law requires that the death centificata be assecuted as been signed by the attending physician and 2 should be detached for use as the burlal-transit							24a. Wa	as an autopsy		ere sutopsy findings
w re bee	ojet						- pe	formed?	CO	mplation of cause death?
Tha la ate has page 2	Completed						-3.	*		
icate			·					Yes 2□No	7	Yas 2 No
Physician: Tha law this cartificate has ral director, page 2	Be	25. Was case referred to medical examiner?	Hospital:				eeth (Check only	r one)		
this c	10	XXYes 2□ No	1 Li Inpatie		Outpatient 3 DO/		1	sidence 6 □Oth		y)
	on:	27. Manner of Death 1 □Natural 5 □ Pending	28a. Date of Injur (Month, De)	Year)		c. Injury at Work?		now Injury occur	1.1	
eath or: A	Sati	2 Accident investigation	2.	16 3	311 AM	1 ☐ Yes 2 ☐ ANo	vion	n of	/ tous	e fire
rect d	Ě	3 ☐ Suicide 6 ☐ Could not determine		ury - At home,	farm, street, factory,	office	28f. Location City or 7	(Street and Numi own, State)	ber or Rura	il Routa Number,
s afo	Certification:			Time			8629	Irdas	tide	M
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai	29a. Certifier 1□ Cartifying P (Check only one)	hysician: To the best of miner: On the basis of and manner sta	examination a	ge, death occurred a and/or investigation, i	t the tima, data and pla- in my opinion, death oc	ce, and dua to th curred at the time	a causa(s) and m	ennor se e	tated. o the cause(s)
of the comp	Ž	29b. Signature and title of cortifier	61/1		29c.	Licansa number		29d. Data signe	ed (Month,	Day, Year)
- s - ö			W 61			O.C.M.E.				
		<u> </u>	V					Marc	n UZ	, 1996
10		30. Name and addrass of person who	completed cause of de			Street, I	Baltimo	re, Ma	ryla	nd 2120
Sta Registi		31. Date filed (Month, Pay Year) MAR 11	1996 32. Braistre	ara Signature	Reveall					

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32 Apgistrat's Signatura Randell

State Registrar 31. Data filed (Mo

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Carlotte Steel

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

1-1		1. Decedent's Name	(First, Mide	lle, Last)		OB.	rtificate of	Death	2. Dete of D	Reg. No.	6 08	3. Time of Death
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dical niner				on, give street and nu				4b. City, Town, or	_			1:30 p.n
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al	1	5. Sociel Security Nu		8. Sex	7. Age (In yrs	. last birthday)	If Under 1 Yeer Months Deys	If Under 24 Hrs.				e (Stete or Fore
or		220-42-3		1□M 2⊠F	50	Yrs.	MOIIIIS Days	nours with.		7, 1945	Maryl	
	-	Usual Residence of D 10a. Stete	Decedent 10b. County	,	10c. C	ity, Town or Lo	ocation				104	Inside City Limi
2	5	Maryland		lerick		Ijamsvi		3.				1 Yes 200
100	3	10e. Street and Numb	ber			3	10f. Zip Code			10g. Citizen of	What Country	2
2	5	3659 Ric	doowie	W Pond			2175	/1		U.S.A		
200		11. Meritel Stetus	ugevie	12. Wes Dece	edent Ever In I	J,S. 13.		Hispanic Origin? (S sen, Mexican, Puert	pecify Yes or N		ce - American	
by Filberal Director	3	1 Never Merrie	d 2□ Mer	Armed Fo	2 No		If Yes, specify Cut 1 ☐ Yes 21 No		o Rican, etc.)		ck, White, etc.	
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Ü	5	12 17. Fether's Neme (F	First, Middle,	Last)				16. Mother's Ner	ne (First, Middle	e, Meiden Surnar	ne)	
TOB		Harry Ma	artin	Paulsgrov	e. Sr.			Theres	sa Cole	eman		
		19e. Informent's Nerr			,	19b. Meili	ng Address (Stree	t end Number or Ru	-		, State, Zip Co	de)
		Kimberly A	A. Cor	nnelly - D	aughter	3659	Ridgevie	w Road,	[jamsvi]	lle, Mar	yland	21754
	2	20e. Method of Dispo		3 Removel from	20b.	Plece of Dispo	osition (Neme of metory or other pie	ice)	Date	20c. Location		
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Important: If item 27 any injury or other ti once.	21. Signeture of Funeral Service Licensee . 22. Name and Address of Facility Olin L. Molesworth, P.A., Fune								Funana	1 Uama	THE	
ā		Moher	IL.	Villian	w			ge Road,				20872
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State of Maryland / Department of Health and Mental Hygiene 96

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Physic /Med		CHMISTINE	- M.	MAL	-6	FE	BUANC	29,1	1996 4101
Exami		4e. Facility Nama (If not institution, gi	iva street and number)	301 Has	lotias	4b. City, Town, or Location	of Deeth	c. County of I	Death
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Director		214-92-0434	1□ M 2⊠F	32 Yrs.	WOULTS DO	Aug	3.13, 19	963 Ma	ryland
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show		10a. Stata 10b. County	10	c. City, Town or I	Location				10d. Insida City Lir
e Mi	cto	MD Prince	George's	Greenbe:	lt				1 Yas 2□
d 2 should be filed within 72 hours after death with the Maryland thand Mental Hygiana. T is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinat must be notified at	Director	10e. Street end Number			10f. Zip Code	Ð	10g. (Oltizan of Whe	t Country?
13 w		104 Greenhill Ro	ad		2077)	U	.S.A.	
r deg	Funeral	11. Maritai Status	12. Was Decedent Eve Armed Forcas?	r in U,S. 13	. Was Decedant of	f Hispanic Origin? (Specify Yuben, Mexican, Puarto Rican	es or No-		Amarican Indian, Whita, etc.
or it		1 Never Merried 2 Married	1 ☐ Yas 2 ☒ No If Yas, Giva		1 ☐ Yes 2 1 € N		,,	Specify:	Arma, oto.
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should be nd Mental marked c	To	Paul M. Rall				Margaret	Brown		
2 sho and I		19a. Informant's Name/Raiationship	(Type, Print)	19b. Mai	liing Addrass (Stre	eet and Number or Rural Rou	ta Number, Citj	or Town, Sta	ite, Zip Code)
CENL		Paul M. Rall (f	ather)	104 (Greenhil:	L Road, Green	belt, M	aryland	d 20770
gas 1 and t of Haalt if item 2 or other		20a. Mathod of Disposition		20b. Placa of Disp	oosition (Nama of amatory or other p	De De	ta 20c.	Location · City	y or Town, Stata
ant ont: H		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Special	Hamovai from Stata		Lt Cemete		96 Gr	eenhel:	t, Maryland
permit. Pagas I Depertment of H Important: If ite eny Injury or ot once.		21. Signature of Funerel Sarvice Lice	**						
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		, M. D. C	Terrer	47	739 Balt:	imore Avenue,	Hyatts	ville,	
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cata be axecuted physician and the burial-transit	Examiner	Sequentially list conditions,	Dur Dur	or as a compe	equegoe of)				
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a death ha atter	Sic	Part II. Other significant conditions	constituting to death but n	ot rasulting in tha	underlying cause	given in Part I.	23b. Did tobac	co use contril	bute to the cause of de
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The law requil ata has been s page 2 should	Be	25. Was casa rafarred to medical axaminar?	Hospital:		25 pos (28. Placa of Death (Che	ock only ona)		1□ Yas 2⊠ No
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epital or Attending Physicien: The law requir nours after death. nerel Director: Atter this cartificata has been s y filled in by the funaral director, page 2 should	edical Certification: To Be	axaminar? 1	28a. Date of Injury (Month, Day Ye bed 28a. Place of Injury building, etc. (5) hysician: To tha best of axiend mannar stated	28b. Tima Injury At homa, farm, specify) y knowledge, das amination and/or in	of 28c. Ir M 1 28c. Ir M 1 28c. Ir M 28c. Ir M 1 28c. Ir M 1 28c. Ir M 28c.	Other: 4 Nursing Homa ijury at vork? 28d. [Yas 2 No 28f. L tima, data and placa, and d y opinion, daath occurred at	eck only ona) Grant Rasidanca Describe how in Cocation (Streat Sity or Town, Streat Late to the ceusa tha tima, data a	6 Other (jury occurred and Number of ata) (s) and manna and placa, and Date signed/(A	1 Yas 2 No Specify) or Rural Routa Number, ar as stated. I dua to the cause(s)

DHMH 16 Rev 6/95

Registrar

MAR 06 1996

The state of the state of

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 70 bours after death with the State Dear of Health and Mariah Husban Agon to burial command.

		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	ND MENTAL HYGIENE REG. NO.										
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH									
		Annie 4. Schoolfield	March 2, 1996	10:50 p. M									
		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 M MONTHS DAYS HOURS M	(Month, Dev. Year)	BIRTHPLACE (State or Foreign Country)									
		2/1-36-2466 1 M 2 AF 3/ YRS.	3-10-1938	F/4.									
	E	**Bedility Name (if not institution, give street and number) Edw. W. McCready Memorial Hospital Crisfield		erset									
	CTOR	RESIDENCE OF DECEDENT											
	DIRE	100. STATE 10b. COUNTY SOME SOME SOLUTION 10c. CITY, TOWN OR LOCATION MAY 10 M		10d. INSIDE CITY LIMITS?									
		19. STREET AND NUMBER 101. ZIP CODE	40- 01717	1 YES 2 NO									
	FUNERAL	5025 WAYMAN Kd. 218		1.5.									
	5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HI	ISPANIC ORIGIN? (Specify Yes or No- 1	4. RACE — American Indien, Black, White, etc.									
	BY	The same of the sa	lexicen, Puerto Rican, atc.) Specify;	Specify: R/A/K									
		15, DECEDENT'S EDUCATION 166, DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	STRY									
		(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)	TOTAL AND THE PROPERTY OF										
9	COMP	10 LAborier	SEAFOOD										
		17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S 18.	S NAME (First, Middle, Melden Sumame)										
2 6	BE	190. INFORMANT'S NAME (Type/Print)		SO 4									
100	2	Benjamin School Field 5025 WAYMAN	V121 . 41	1. 21838									
at be		20a. NETHOD OF DISPOSITION 1 Device 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of compres), cremetory or otherpolace) / /	4 30ATE POP. LOCATION - CI	ty or Town, State									
E		Donation 5 Jother (Specify) Spring Field CEME	Rry 1996 Loyd F	lorida									
i i		22. NAME AND ADDRESS OF FACILITY AVE. PRIANCESS YTHINE 30439 HAMPLEN AVE. PRIANCESS YTHINE											
cal ex	-	i co. www	d. 21853										
medical examiner must	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line.												
the con		interval Bar Onset and disease or condition resulting in death) a. Acute Muscardial Chapters											
went		BUE TO (OR AS A CONSCOUENCE DF):	Toucher!	olygi,									
traumatic event,	2	Sequentially list conditions, b.		Years									
man	Ž I	if any, leading to immediate cause. Enter UNDERLYING		1									
or other		CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):											
0 10	CERTIFICATION	resulting in death) LAST											
	AL C	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given	n in Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS									
/			PERFORMED? 1 ☐ YES 2 💢 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE									
shows am	ME			OF DEATH?									
23 st	ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERT	TAIN 🗆										
item ;	ru tsician:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.2 TES 2 NO 1.1 Inpetient 2 ER/Outpatient 3 DOA 4 Navelog Mome 5 Dealder	V mm	11. 60									
5 5		27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 26c. INJURY AT	28d. DE\$CRIBE HOW INJURY OCCU	P E A									
Is marked	- 10	1. Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO		1120									
2 S	5 I	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify)	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,									
m 28		4 Homicide determined											
If Item	1	29e. CERTIFIER (Check only one) The best of my knowledge, death occurred at the time, date end place, and one)											
ANT	3	MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at	t the time, date and place, and due to the	cause(s) end manner as stated.									
MPORTANT	H	296 LICENSE	NUMBER 294. DATE 4	HOMED/MUNIT, ON MANY									
S ₹ C	2∦	30. MAMA AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IVEM 27) (Type, Print)											
	V	Last MAIN St. ChisField, Md. 2	1817										
		31. DATE FILED (Month, Day, Year) 32. REGISTRAD'S SIGNATURE											
	- 11	MAR 07 1996 Jalia Studbor Radiat											

037 -Land of the state of the state of

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		C	ERIT	ICAL	E OF	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							гн		3. TIME OF DEATH		
	ELIZABETH MA	RIE STRE	CKER					March .		6 YEAR	4:00 A. M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	et birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	a. BIRT	HPLACE (State or Foreign	
	342-26-5136	1 🗌 M 2 😿 F	86	YRS.	MONTHS	DAYS	HOURS MIN.	March .	, 191	. C Cour	llinois	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATION OF DE	ATH	9c. C	OUNTY OF	DEATH	
FUNERAL DIRECTOR	Northampton Mano	r Nursing	Home		F	rede	erick			Frede	erick	
E I	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION				10d. INSIDE CITY	
ä		ederick		l I	rede	ric	k				LIMITS?	
₹ I	10e. STREET AND NUMBER					10	1. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?	
9	7081 Catalpa Roa	d					21701		Ur	nited	States	
5	11. MARITAL STATUS	12. WAS DECEDENT EX FORCES? 1	VER IN U.S. AR	NO			CENDENT OF HISPAN			- 14. RAC	CE — American Indian, ck, Whita, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	OR DATES X	S 1 YES 2 W NO Specify: Specify:									
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done	durina mi	ON ost of working	16b. KINO 0	F BUSINESS	INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT u	se retired.)							
MP	12			Book	keep	er		Gr	ocery	Busi	ness	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, M	alden Surnam	•)		
BE	Herman Hellman						Cathe	erine P	feifeı	-		
10	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	S (Street	and Number or Rural	Route Number, City	or Town, State,	Zip Code)		
F	Lois S. Carter,	daughter		10509	Uni	ty	Lane Pot	comac, M	aryla:	nd 2	0854	
	20a. METHOD OF DISPOSITION		20b. PLACE					DATE 20	c. LOCATION	— City or 1	Town, State	
	1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	OVER FROM STEEL	Fore:	emetory or o	me (leme	tery	3/8/96	Fores	st Pa	rk, Illinois	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					ND ADDRESS OF FA				al Komes, P.A	
	my D	Nour	-0,0		16	21	opossumto					
	23. PART J. Enter the glassiss, or o	complications that or	upped the de	eth. Do	not sate	r the me	ode of dying, euc	h ss cardlec or	raspiratory	errest.	Approximets	
	23. PART . Enter the disease, or complications that caused the death. Do not siter the mode of dying, such as cardiac or raspiratory arrest, ahock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final											
	disease or condition	PA	1	P		Vicinia	/					
	reaulting in death)	DUE TO/166	AS A CONSE	OHERCED	7000						2005	
		0	AS A CONSE	OUENCE C	rr j.						767	
CERTIFICATION	Sequentially liet conditions,	b. DUE TO (OR	AS A CONSE	OUENCE O	E.							
A	if any, leading to immediate cause. Enter UNDERLYING										İ	
윤	CAUSE (Disease or Injury that initieted events	C. DUE TO (OR	AS A CONSE	OUENCE O	PF):							
E	reaulting in death) LAST											
E		d										
	PART il. Other significant condition	na contributing to de	eth but not	reaulting	in the u	nderlylr	ng cause given in		AS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS	
EDICAL	Non	e							ES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									1		OF DEATH?	
Σ.	DID TOBACCO USE CONT	RIBUTE TO CAUS	SE OF DEA	ATH Y	ES 🗆	NO [UNCERTAI	ПП			1 120 1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			CE OF DEA								
S	EXAMINER?	HOSPITAL:	(Outputiont 1	DOA	QTHE	A:	- 4 D B - 14	a [] au a				
¥	27. MANNER OF DEATH	28e. DATE OF INJ		28b. TIA	-		me 5 Residence	28d. DESCRIBE I		OCCUBED		
	1 Natural 5 Pending	(Month, Day,			JURY	W	ORK? YES 2 NO	200. DEQUINDE	IOW INDOM	OCCONED		
BY	2 Accident Investigation	26e. PLACE OF IN	IIIDY — At be	ome form	etraat fan			Det LOCATION (Street and Alice	- h	P. A. Al-	
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	(Specify)	one, renn,	street, rec	aory, om	GIII	281. LOCATION (S City or Town,		noer or Hura	rioute number,	
iy	29a. CERTIFIER , CERTIFYING PHYS	ICIAN: To the heat of	baamladaa d									
M M		ICIAN: To the best of my									(a) and manner as stated.	
8			mattori attoro	moon of the	Ott, in my	ориноп,	desiri occured at the	time, data end pia	ca, and dua 1	o me cause	(a) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1)		29c. LICENSE NU	MBER	29d.	DATE SIGNE	D (Mgnth, Day, Year)	
10 B	THU S.	Lader	m		n		D-1397	71		3/3	196	
F	30. NAME AND ADDRESS OF PERSON WH	V/								4		
	Dr. Robert Kaufm		300 1	West	9th	Str	eet Fred	lerick,	Mary1a	and	21701	
	MAR 06 1996	32 AEGISTRAR'S	SIGNATURE CLEAN-NO.	delle								

OHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital on a set the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	1	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) THEODORE FRAN	ICIS SI	HECKELS		BACAN	e of DEATH	8 ,15 9	3. TIME OF OEATH 3:30Am
Ş	4. SOCIAL SECURITY NUMBER 214-30-2129 5. S	6. AGE		UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS	HRS. 7, DATE	E OF BIRTH ith, Day, Year) 04-08	a BIRTHE	PLACE (State or Foreign nington D.(
DIRECTOR	99. FACILITY NAME (if not institution, give street as HOMEWOOD RETIREMS RESIDENCE OF DECEMENT			city, town on Location Frederick	OF DEATH		reder:	ATH
<u>n</u>	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
6	Maryland Frede	rick	Fre	ederick				LIMITS?
AL	10s. STREET AND NUMBER			10f. ZIP CODE		10g.	CITIZEN OF W	HAT COUNTRY?
E	7905½ Opossumtown P	ike		2170	2		United	States
BY FUNERAL	1 Never Merried 2 N Merried	WAS DECEDENT EVER FORCES? 1 YES F YES, GIVE WAR OR I	2 (X) NO	13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 2 NO	Mexicen, Puerlo		- 14. RACE Black, Specify	- American Indian, White, etc.
	15. OECEDENT'S EDUCATIO		16e. DECEDENT'S USI	I CONTRATION	L			Murce
COMPLETED	(Specify only highest grade comp		(Give kind of work fife. Do NOT use re	done during most of working tired.)	16	b. KIND OF BUSINESS		1
<u> </u>	17. FATNER'S NAME (First, Middle, Last)	4	Dank Exa		D'S NAME (Einst	Banking Middle, Meiden Surnen		
	Theodore Francis S	heckels		1		orrison	ra)	200
BE	190. INFORMANT'S NAME (Type/Print)	IICCRC13	19h MAILING AD	DRESS (Street and Number or			Zin Code)	
2	Margaret S. Hoover		The state of the s	possumtown F				1702
	200. METNOD OF DISPOSITION	20	b. PLACE AND DATE OF D		DA DA		N — City or Tov	
	1 Buriel 2 Cremetion 3 Removal f	rom State	metery, crematory or other lagerstown	nlane)	1			Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSE) (lager s cown	22. NAME AND ADDRESS Stauffer Fu	OF FACILITY	-		relytand
	y Nam X	Xo	\rightarrow	1621 Opossu				, MD 21702
_	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respira	tory Insi	.ficency				Interval Batween Onset and Death 2 yrs.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):					
	PART II Other significant conditions on	ntributing to death	hut not coulding to t	ha underluka asusa ak	and Death	T		
EDICAL	Shoulder fract	ure 7.	-95	na underlying ceuse giv	en in Part I.	24s. WAS AN AUTOI PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	DID TOBACCO USE CONTRIBU	ITE TO CAUSE (OF DEATH VEC		RTAIN 🗆			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	TE TO CAUSE	26. PLACE OF DEATH		KIAIN L			
5	EXAMINER? HO	SPITAL:	9	THER:				
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJURY		Numing Nome 5 Resi			COCCUBED -	
	1 Natural 5 Pending	7-10-95	INJUR	WORK?	pa	escribe now injury		umeral
B	2 Accident Investigation		lY — At home, ferm, stre			Fractu	re	nuta Number
COMPLEIED		building, etc. (Sp	nursing	home	Cit	ederick,		21701
7	29e. CERTIFIER 1 CERTIFYING PHYSICIAN:							
Ö	one) 2 MEDICAL EXAMINER: Or	the pasis at exeminati	on end/or investigation	1 D R R R	at the time, de	te end place and due	to the cause(s)	end menner se stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	//		29c. LICEN	SE NUMBER	29d.	DATE SIGNED	(Month, Day, Year)
	Tehn K. Ta	Lower	~ mi	D. D/3	3971		2/2	8/96.
2	30. NAME AND ADDRESS OF PERSON WHO CO			nt)	REET	Frederi	'de md	2170/-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG				(04-1	'	
	MAR 0 1 1996	Li Dave	dear Revolates					

BALLIMONE, MAN I LAND 21213-0020	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should led with the State Deta: of Health and Mental Hydiene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 607 of	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)		5	hul	+2		MONTH	OF DEATH DAY		YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last t	oirthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.				LACE (State or Foreign	
	198-36-5640	1 M 2 AF	93	YRS.	THE DAYS	HOURS MIN.	Dec.12,1902			Pennsylvania	
<u>«</u>	9a. FACILITY NAME (If not institution, give s Wilson Health		077	9b.		R LOCATION OF DE	EATH			NTY OF OE	
DIRECTOR	RESIDENCE OF DECEDENT	care cent	er.		Galt	hersburg			IMC	ontgo	mery
RE	10e. STATE 10b. COUNT			10c. CITY, TO	WN OR LOCAT						10d. INSIDE CITY LIMITS?
۵	Maryland Mon	ntgomery				nersburg		1 🛣			1 📉 YES 2 🗌 NO
RA	301 Russell	Ave			101	20877		United S			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	ED		ENDENT OF HISPAN				14. RACE	- American Indian
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 THE IF YES, GIVE WAR		,		NO Specify		ican, etc.)		Specify	white, etc.
8	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)			IAL OCCUPATION		16b.	KIND OF BUS	INESS/INC		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. E	o NOT use re Homem:	ired.)			Own ho	ome		
NO	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, A	liddle, Malden S	Sumame)		
BE	Charles	Kanki.n					le Hi				
2	19a INFORMANT'S NAME (Type/Print) Charles R. McKi:	n] ev				ny Run,					391 3
	20a METHOD OF DISPOSITION 1-DI Burlet 2 Cremetion 3 Ram		20b. PLACE AN	D DATE OF D	ISPOSITION (Na		DATE			City or Tov	
	4 Donetion 5 Other (Specify)		McKees	port	Versai	lles 3/1			espo	ort,	Pa.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1-1		Olin	L. Moles	worth	, P.A.			
	allin I.	Molesin	ath	,		Ridge R	-		9		0872
	23. PART I. Enter the diseases, or shock, or heer feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause	on each line.					iac or respir	ratory sn	rest,	Approximata interval Between Onset and Daath
CERTIFICATION	disease or condition resulting in desth) a. Congestive Heart Failure Due to (or as a consequence of): Proumonia Due to (or as a consequence of): Proumonia Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									3 days	
AL C	PART II. Other algorificent condition			eulting in t	he underlyin	g ceuse given in	Pert I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
OIC	Cerebral ard	reriosclera	73)5						COMPLETIO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC					- · · · · · ·				•		1 - YES 2 XNO
A	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUS			L NO	UNCERTAI	ΝЦ				
SICI	EXAMINER? 1 YES 2 XNO	HOSPITAL:		0	THER:	ne 5 🗆 Residence	5 □ Othe	(Specify)			
ЭНХ	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY	28b. TIME O	F 28c. IN.	IURY AT DRK?		CRIBE HOW IN	JURY OC	CURED	
ВУР	1 Natural 5 Pending Investigation	(worth, Day,	rear)	INJUNI	M 1 🗆						
8	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Num. City or Yown, State)								oute Number,		
COMPLET	tonoun only	SICIAN: To the best of m									and manner sa stated.
ECC	29b. SIGNATURE AND TITLE OF CENTURE	29c, LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Ye.				
19	- Com	BCV	las	2 m	VD.	072	31		F	6rm	28.1996
70	I.I. Ohn	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Pri	- A.	Gais	110 ==	-L	lo -	> -	077
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	10 na	STUE	Sai	riec	soury	IN	De	11204
	MAR 0 1 19	96 Juli	discleri	Metra							
		-									OHMH-16 Rev 1/89

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DHMH-16 Rev 1/89

REG. NO

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 6876

	1. DECEDENT'S NAME (First, Middle, Last)	HILDA	М		SHE	, \	2. DATE OF OEAT	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-12-8403		(In yrs. lest b	-		NDER 24 HRS.	7. DATE OF BIRTH	4		NPLACE (State or Foreign	
Œ	90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE PENINSULA REGIONAL MEDICAL CENTER SATISBIDY									DEATH	
	RESIDENCE OF DECEDENT										
DIRECTO		CESTER			N CIT	Υ				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
IERAL	100. STREET AND NUMBER 107 CONVENTION	ON HALL DR.	•		218	42			SA	WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2				2 NO If yea, specify Cubsn, Mexican, Puerto Rican, etc.)					
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	DENT'S USUAL OF		vorking	16b. KIND O	F BUSINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		MEMAKE	R		Own	и Номе			
BE CON	17. FATHER'S NAME (First, Middle, Last) FRITZ GROSS				E	LIZAB	ME (First, Middle, Mi ETH MAI	DARY			
10	HOLMES H. SHE	EW	196.	7 CONV	ENTIO	N HAL	L DR.,	OCEAN	(p Code)	TY, MD.	
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from State ce	metery, creme	D DATE OF DISPOS atory or other place)	REMAT		3-11	SALIS		own, State	
	21. SEPATURE OF PURERAL SERVICE LI	llel		22.	ULLR		UNERAL	Номе	В	ERLIN,	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEOU	ENCE OF):		,					
CE	PART II. Other aignificant conditions contributing to death but not resulting in the underlying causa given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY										
MEDICAL	PERFORMED? 1 YES 2 JQ NO							2**	AVAILABLE PRIOR TO COMPLETION OF CAL OF GEATN? 1 YES 2 NO		
_	DID TOBACCO USE CONT	RIBUTE TO CAUSE				NCERTAIN	N K				
SICIAN:	26. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO										
ву РНУ	27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? 1 Natural 5 Pending 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? 1 YES 2 NO										
ED	2 Accident investigation 3 Suicide 6 Could not be determined 4 Nomicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Yown, State)								Route Number,		
COMPLET	one) —	SICIAN: To the best of my kno ER: On the basis of exeminati								(a) and menner ee sta	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1 H W	eye		290	3074		29d, DA	TE SIGNE	(Mgnth, Day, Year)	
I X	Benjamen Meyer	NO COMPLETED CAUSE OF D	LLINC	27) (Type, Print)	alish	~ y , r	nd, 218	01	1/		
1	31. DATE FICED (Month, Day, Year) MAR 1 2 1996	32. REGISTRAR'S SIG									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH REG.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mential Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEI
CERTIFICATE OF DEATH REG. NO

	1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE OF DEAT	Н		3. TIME OF OEATH
	Margaret Elizabeth SWIFT 4. SOCIAL SECURITY NUMBER 15. SEX 6. AGE (In vis. last birthday) IF UNDER 1 YEAR 1 IF UNDER 24 HBS.								Fohnuary 28, 1996, 6:25P				
	4. SOCIAL SECURITY NUME	5. SEX 6. AGE (In yrs. lest)		est birthday)					7. DATE OF BIRTH	7	8. BIRTI	IPLACE (State or Foreign	
	176-22-0568	}	1 🗌 M 2 💢 F	84	34 YRS. MC		DAYS	HOURS	MIN.	July 1,	1911	Pei	nnsylvania
	9a. FACILITY NAME (if not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY							
E C	DOCTORS COM		LANHAM PRINCE G						GEORGES				
5	RESIDENCE OF DEC												
DIRECTOR	Maryland Prince georges					Y, TOWH							10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Sea	abro						t X YES 2 NO			
FUNERAL		101. ZIP CODE								WHAT COUNTRY?			
R	6802 96th Pl	lace						207				J.S.A	
	t Never Married 2	Married	12. WAS DECEDEN	T YES 2			If yes, sp	ecify Cubi	en, Mexica	IIC ORIGIN? (Specif n, Puerto Rican, etc		Blec	E — American Indian, k, White, etc.
BY	3 X Widowed 4 Divo	road	IF YES, GIVE V	WAR OR DATES	-		1 NES	2X NO	Specify	y:		Can	casian
0	15. DEC	EDENT'S EDU	CATION	16e. I	DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF	BUSINESS/II		Castall
COMPLETED	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5		(Give kind of ite. Do NOT u	work done se retired.)	during me	ost of work	ing				
P.	12		3	·	eache:	r				P.G. O	ounty S	chool	System
ŏ	17. FATHER'S NAME (First, M							18. MOT	THER'S NA	ME (First, Middle, Me	iden Sumeme)	
BE (Richard A.	Malon	ey					Maı	rgare	et Walsh			
TO B	19a. INFORMANT'S NAME (7	-								Route Number, City o		Zip Code)	
-	Maureen Smit	h		- 4	4076	Rosci	rea	Driv	e, Ta	allahass	e, FL	323	08
	20a. METHOD OF DISPOSIT 1 XIX urial 2 □ Crematic		oval from State	20b. PLAC	E AND DATE	OF DISPOS	SITION (N	ama of		DATE 20	LOCATION -	— City or To	own, State
	4 Donation 5 Other			Fort	rematory or o								
	21. SIONATURE	L SERVICE LIC	ENGE	1					ESS OF FA	eral Home			100
	Men	nuni	Te	udi							em. MD	20706	774
	9013 Annapolis Road, Lanham, MD 20706 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximats												
	ahock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition resulting in death)	→		SOD	1158	w	PU	(8)	1/8	ro coco	1).		1 month
	DUE TO JOD AS A CONSTRUCTION OF												
Z	Environmente de Lutestinal Obstruction.												
Ĕ	but to (or as a consciouence of): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c. DUE TO (OR AS A CONSCOUENCE OF): TUITIPLE CAUSE (Disease or Injury												
CERTIFICATION													
Ē	that initiated events resulting in death) LAS	T	Extensive Cancer of the Cuecum.								224		
CE		-	d	- 116	1121	" (<u> </u>	C 7 .	-01-11		20 - C	را ر،
	PART ii. Other algnifica	ondition	e contributing to	deeth but no	treculting	in the u	nderiyin	g ceuse	given in		S AN AUTOPS	Y 248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL											S 2 NO		COMPLETION OF CAUSE OF DEATH?
ME	OF BEATH!									t TYES 2 NO			
	DID TOBACCO U	SE CONT	RIBUTE TO CA	AUSE OF DE	ATH Y	ES 🗆	NO [JUN	CERTAI	N 🗆	/		
CIA	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? DOSPITAL:												
/Si	1 TYES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nu		ne 5 🗆 R	Realdence	6 Other (Specify)		
PHYSICIAN	27. MANNER OF BEATH	2020	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	AE OF JURY		JURY AT ORK?		28d. DESCRIBE H	OW INJURY C	CCURED	
ВУ		Pending Investigation				M	1 🗆	YES 2	□ NO				
	3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — At i, etc. (Specify)	home, ferm,	street, fac	tory, alti	Ce		28f. LOCATION (S City or Town,		ber or Rural	Route Number,
ETE		osterminea											
교	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated.												
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BEC	29b. SIGNATURE AND TITLE	OF CERTIFIE	R W)				29c. LIC	CENSE NUI	MBER	29d, D	ATE SIGNE	(Month, Day, Year)
6				1	M1)	,		D	1415	56		11	29196
-	30. NAME AND ADDRESS O		All representations	JSE OF DEATH (IT	TEM 27) (Typ	e, Print)		7	1	1.	1	13	(F) (G)
	C1120 1-)	. Mo			1300) ul	erci	ayl	110	laup -	Lou	100	ree MD
	31. DATE FILED (Month, Day, MAR 01	996	32. REGISTR	AR'S SIGNATURE	N.								

whatever it is over 10 min

lan.	transit permit. Pages 1, 2, 3 should		
thin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit p		ical examiner must be notified at once.
executed within 24 hours after death, F	n and completely filled in by the funeral	to burial, cremation, or removal.	smatic event, the medical examin
1: The law requires that the death certificate be executed wit	e has been signed by the attending physician and completely filled in by the funeral di	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	r item 23 shows any injury, or other traumatic event, the medic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate his	72 hours after death with the State D	am 28 is marked, or
TO THE HOSPIT	TO THE FUNER	be filed within	IMPORTANT: If Its

15 P

	FOR	STATE OF MADVI AND /	DEDARTMENT OF I	JEALTH AND M	ENTAL HYCLE		00431			
	1 - STATE REGISTRAR	STATE OF MARYLAND /	ERTIFICATE OF		REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	MILTON A. SI	UTKIEWICZ		2. DATE OF DEATH DO MARCH 9	1996	3. TIME OF DEATH 9:05 A.M			
	4. SOCIAL SECURITY NUMBER 218-07-3126	5. SEX 8. AGE (In yrs. last 1 \overline{X} M 2 \subseteq F 75	YRS. FUNDER 1 YEAR MONTHS DAYS	MOURE MIN	7. DATE OF BIRTH (Month, Day, Year) APRIL 29	ner) Country)				
OR	90. FACILITY NAME (If not institution, give st 119 SOUTH CAMDEN		OR LOCATION OF DEA ITLAND	ATN	9c. COUNTY O WICO	F DEATH MICO				
DIRECTOR	MD. WICO	MICO	10c. CITY, TOWN OR LOCA FRUITLAND	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 119 SOUTH CAMDEN	AVENUE	10	1. ZIP CODE 21826	-	10g. CITIZEN C	A .			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR OATES 1 U.S. COAST GUAL	IO If you ar	secify Cuban Mexican	C ORIGIN? (Specify Yes , Puerto Ricen, etc.)	В	ACE — American Indien, leck, White, etc. pecify: WHITE			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) (Gi	CEDENT'S USUAL OCCUPATION And the kind of work done during m Do NOT use retired.) RR3ECTION OF	ost of working	16b. KIND OF BUS	SINESS/INDUSTR				
	17. FATHER'S NAME (First, Middle, Last) BENEDICT SUTKI	EWICZ		1	NE MADER	Surname)				
TO BE	199. INFORMANT'S NAME (Type/Print) ROMONA SUTKIEWIC 299. METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Rame 4 Donetton 8 Doney (Specify) 21. SIGNATURE OF PURENAL SERVICE LIC		ND, MD. CATION — City of LOCK, MD	21826 • Town, State						
CERTIFICATION	23_PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAGE OF DEATH (Check only one) EXAMINER? 1 OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 5 Other (Specify)									
ву рну	27. MANNER, OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28s. DATE OF INJURY 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28d. DEŞCRIBE NOW INJURY OCCURED 1 YES 2 NO									
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, factory, offi	co	28f. LOCATION (Street City or Town, State)		rel Route Number,			
COMPL	CONDON ONLY	CIAN: To the best of my knowledge, de R: On the basis of examination end/or					rae(e) end menner ee ateted.			
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	29d, DATE SIG	NED (Month, Day, Year)							

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60. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A COCKEY, MS 109 Pure

31. DATE FILED (Month, Day, Year)

MAR 11 1996

MAR 11 1996

nd 21801

July 1

	1 - FOR STATE OF MAR REGISTRAR		ENT OF HEALTH AN	D MENTAL HYGILIL	00102					
	1. DECEDENT'S NAME (FIG), MIGGIG, Last) BESSIE Olivia SH			2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH P					
	219-10-1669 1□ № 2 🗓 ೯	91 YRS. MO	UNDER 1 YEAR IF UNDER 24 HR ITHS DAYS HOURS MIN	s. 7. DATE OF BIFTH (Month, Day, Year) Oct. 12, 1904	8. BIRTHPLACE (State or Foreign Country) New York					
TOR	Se. FACILITY NAME (If not institution, give street end number) Caton Manor Center RESIDENCE OF DECEDENT	96	Baltimore		COUNTY OF DEATH					
DIRECTOR	Maryland 10b. COUNTY		own or location altimore Cit	У	10d. INSIDE CITY LIMITS? 11 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 3330 Wilkens Avenue		101. ZIP CODE 21229		U.S.A.					
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced 12. WAS DECEDENT EVE FORCES? 1 V IF YES, GIVE WAR OF	ES 2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sp		No— 14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	180. DECEDENT'S USU (Give kind of work life. Do NOT use ret Receptio	done during most of working ired.)	Law Fir	/INDUSTRY					
COME	17. FATHER'S NAME (First, Middle, Lest)			NAME (First, Middle, Malden Surnam						
BE	Unknown 19a. INFORMANT'S NAME (Type/Print)	105 MARING ADI		Unknown red Route Number, City or Town, State,						
10	Mr. David M. Shinnick	Rt.2, B	ox 474, Berke	eley Springs, V	Vest Virginia					
	20s. METHOD OF DISPOSITION 1 Mount 2 Cremation 3 Removal from State 20s. PLACE AND DATE 20s. LOCATION - City or Town, State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation City or Town, State 2 Cremation 3 Removal from State 2 Cremation City or Town, State 2 Cremation City or Town, State 2 Cremation City or Town, State 2 Cremation City or Town, State 2 Cremation City or Town, State 2 Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State City or Town, City or Town, State City or Town, City or Town, State City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, Cit									
	21. SIGNATURE OF PUNEHAL SERVICE LICENSEE		22. NAME AND ADDRESS OF	FACILITY						
	Allan H Ruby	M00703	106 East Ch	urch St., Frede	eral Home erick, MD 21701					
	23. PART I. Enter the diseases, or complications that ceuse or shock, or heart failure. List only one ceuse or IMMEDIATE CAUSE (Finel disease or condition resulting in death)	N Pre	TMON (A	uch ss cardiac or reapiratory	Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AL	PART II. Other algorificant conditions contributing to deet			PERFORMED?	AMAILABLE PRIOR TO					
: ME	CARCINOMA BREAST S.V. MASTELTOMY									
ICIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only ofte) 1 YES 2 NO THER: 1 Inpetient 2 ER/Outpetient 3 DOA ON Wellow More 5 Residence 6 Other (South)									
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending 260. DATE OF INJUR (Month, Day, Yea	Y 26b. TIME OF	Nursing Home 5 Residen 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED					
	- Distriction	IRY — At home, farm, street pecify)	, factory, office	ry, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basic of examins									
TO BE	Sund A gullo M.D.			395 P	DATE SIGNED (Morith, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF SUPJIT JULKA MD	321N. E	UTAW ST.	BALTIMON	RE M.D.					
	31. DATE FILED (Month, Day, 1601) MAR 1 2 1996 Julia Sturi	GNATURE GON-RANGELLS								

should be detached for

and completely fi burial, crematio

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use as the burial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH FRANCES SCHMIDT February 28, 1996 9:00 A. P.M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. t M M 2 F 408-32-1443 70 Oct. 1, 1925 Tennessee 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7204 Peeksville Dr. Frederick Frederick RESIDENCE OF DECEDENT toe. STATE 10b. COUNT toc. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland Frederick Frederick YES 2 NO FUNERAL toe. STREET AND NUMBER tot. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 7204 Peeksville Dr. 21702 United States t2. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES ti. MARITAL STATUS t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)
t YES NO Specify: t4. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify BY 3 Widowed 4 Divorced White COMPLETED tea. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) ts. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (t-4 or 5+) 12 Home maker own home once. 17. FATHER'S NAME (First, Middle Last) ta. MOTHER'S NAME (First, Middle, Maiden Surneme) H Norris Nancy Elizabeth Young notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Conrad J. Schmidt 7204 Peeksville Dr./ Frederick, Maryland 21702 be 20s. METHOD OF DISPOSITION
1 Purial 2 Cremation 3 Ramoval from State
4 Donation 6 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE filled in by the funeral director. must Resthaven Memorial Cem. Frederick, Maryland 3/2 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home Stauffer Fune
1621 Opossumtown Pike/ Freder
23. PANT I. Short the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one couse on each line. 1621 Opossumtown Pike/ Frederick, Md. 21702 medicai Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition Congestive Spent Months reaulting in death) event, DUE TO (OR/AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting In death) LAST 5 PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY DIRECTOR: After this certificate has been signed by it hours after death with the State Dept. of Health and I Nem 28 is marked, or Item 23 shows any In PERFORMED? AVAILABLE PRIOR TO Correlion 187 105% COMPLETION OF CAUSE 1 - YES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 💢 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only dne, OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: t TYES 2 NO t 🗌 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA 28b. TIME OF INJURY 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending t YES 2 NO BY 26a. PLACE OF INJURY — At home, term, atreet, factory, offica building, atc. (Specify) 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL DE FILED WITHIN 72 h (Check only one) MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 18063 March 1, 1996 9 30. NAME AND DDRESS OF PERSON WYO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Majeed / 801 Toll House Ave. / Frederick, Md. Abdul 21701 32. REGISTRAR'S SIGNATURE 31. PATE FILED (Month, Day, Year) 5 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIL...

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene 96 08434

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Physicia	an	Decedant's Name (First, Midd							2. Date of Dea Month	th Day	Year 3	. Time of Deal
/Medic		GAIL RUTH	SPILLANE						Februar	ry 28, 1		4:00 am
Examin		4a. Facility Name (If not Institution	on, give street and numb	er)				4b. City, Town, or	Location of Death	4c. County	of Deeth	
		2819 63rd Plac	ce					Cheverl	y	Prince	e Georg	ge's
Funeral Director		5. Sociel Security Number 043-28-9159	6. Sex 7. 1 □ M 2 ☒ F	Age (In yrs.	lest birthday) Yrs.	Months	er 1 Year s Deys	If Under 24 Hrs Hours Min.	8. Dete of Birth (Month, Day July 28	Year)		State or For
		Usuel Residence of Decedent							1000	, 1,550	COLLIE	CLICGE
how #		10a. State 10b. County	1	10c. Cit	ty, Town or Lo	ocation					10d.	inside City Li
72 hours efter death with the Maryland natural; or Nems 23s or 28s4 show dical Examiner must be notified at	to	MD Prince	e George's	Che	everly							1 X Yes 2□
r 28	Director	10e. Street and Number				10f. Z	ip Code		1	log. Citizen of \	Whet Country's	?
38 0		2819 63rd Plac	ce			20	785			U.S.A.		
jiena. Than "natural", or Nems 23a or 28a-f show The Medical Examinet must be notified at	by Funeral	11. Maritel Stetus 1 Never Married 2 Mar 3 Widowed 4 Divorces	If Yes Give	es? X No		Wes Deci		Hispanic Origin? (Sen, Mexican, Puer Specify:	pecify Yes or No- o Rican, etc.)	14. Rac Blac Specify	ce - American ck, White, etc.	
al E			nt's Education		16a. Dece	dent's Us	ual Occur	nation		16b. Kind of Br	usinass/Indust	lov.
400	Completed	(Specify only highe	est grede completed)		(Give	kind of w	vork done	during most of wo	rking	TOD. KING OF BI	usmosarmuus	ii y
than	m	Elementary/Secondary (0-12)	College (1-4	or 5+)				-,		Dool F	atata	
£ 4 4		17. Father's Name (First, Middle,	Last)		Sales	pers	OII	18. Mother's Na	ne (First, Middle,	Real Es		
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and Mental	2				440.000				rene Plur		-	
0 4 6		19a. Informant's Name/Relations						and Number or R				de)
Health Iem 27 I		Thomas P. Spil	Liane					ce, Chev				
y off		20e. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation	3 Removed from Ste	20b. F	Place of Dispo cemetery, crer	osition (Na matory or	ame of other pla	ce)	Dete	20c. Location -	City or Town,	State
ury o		4 □ Donation 5 □ Other (S			kemont	Memo	orial	Gardens	3/2/96	Davidso	nville	. MD
Department of Health Important: If Item 27 any injury or other to once.		21. Signature of Funeral Service	X front		F	ranc	is G	asch's S		ral Home		
Medical		23a. Part1. Enter tha disage, o shock, or heart failure. List Immediata Causa (Final disages or condition resulting in death)			th. Do not ent	ter tha mo	ode of dyli	ng, such as cardia	or respiratory are	rest,	Ap	proximate erval Betwee
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						IOAIL	01	DEAL	11	H	EG. NO.			
18	1. DECEDENT'S NAME (First,	Middle, Lest)							2. DATE OF DEATH DAY YEAR 3.			. TIME OF DEATH		
ľ	Presto	Spencer								1996 5:00p.m				
	4. SOCIAL SECURITY NUMB	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER		7. DATE OF B	IRTH		8. BIRTHP	LACE (State or Foreign	
- 1	579-46-559	59	YRS.	MONTHS	DAYS	HOURS	MIN.	4/24/	36		Washi	ngton, DC		
	90. FACILITY NAME (If not in:	stitution, give s	treet end number)			9b. CITY,	TOWN C	R LOCATIO	N OF DEA				NTY OF DE	
S.	2705 Webs	ter S	treet A	pt#2			MOU	NT R	AINE	2		PRI	NCE G	EORGE'S
DIRECTOR	RESIDENCE OF DEC	EDENT												
뿚	10e. STATE	10b. COUNTY				Y, TOWN DR							1	Od. INSIDE CITY
	MARYLAND	PR	INCE GEO	RGE's	MO	UNT R	RAIN	ER					1	YES 2 NO
4	10e. STREET AND NUMBER						101	ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	2705 WEBSTI	ER ST	#2					2071	2			US	A	
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BE	Edward Sp									Mary A				2
2	19e. INFORMANT'S NAME (7)	pe/Print)								ute Number, C	ity or Town	, State, Zip	Code)	
-	Peggy Gibbs				Same	as 1	.0a,	b,c,	d,e 8	&f				
	20a. METNOD OF DISPOSITION 1 D		ovel from State		E AND DATE					DATE			City or Town	
	4 Donation 5 Other	(Specify)		Harm	ony Me					9/96			r, Md	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		22. NAME /			D ADDRES	S OF FACE	Lohn T	Rh	Rhines Co. Inc.		
	> Rode	*	Plum	-	_	22. NAME AND ADDRESS OF FACHUTY. John T. Rhines Co., Inc. 3030 12th St NE, DC 20017								
\dashv	23. PART I. Enter the dis	202202 07 0	omplications the	couped the	death Don	Di setse i		والمراجع الم					_	
	shock, or he	ert failure.	List only one cau	se on each li	ina.	IDI OINGI L	118 1110	de or dyn	ig, such	as cerdiac i	or respir	atory arr	est,	Approximats Interval Between
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- 11	PART II. Other significer	nt condition	s contributing to	deeth but no	t resulting i	n the und	arlying	cause gi	iven in P	Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b				ERE AUTOPSY FINDINGS
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Who I will the Manuflerter

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State of Maryland / Department of Health and Mental Hygiene

08436 Certificate of Death

3. Time of Death

0510AM

10d. inside City Limits

Approximata interval Between Onsat and Death

2□ No

Yas

1. Yes 2 No

4	Physician /Medical
	Examiner

Funeral Director

the Maryland r than "naturel", or items 23e or 28e-f show the Medical Examiner must be notified at death with Hygiene. marked other .00 nt of Health a If from 27 is or other tra

Funeral

Director filed within 72 hours after 21215-0020 þ Completed Baltimore, Maryland Be Pages 1 and 2 should be nent of Health and Mental Department of Important: If any injury or **Physician** /Medical Examiner Examiner The law requires that the death certificate be executed burial-transit and physician the buria Box 68760. P.O. s been signed to should be det Records, page 2 has certificate Division of Vital this funerai After Attending after death. á ò c To the Hospital or within 24 hours af To the Funeral Di Medical completely

1. Decedent's Nama (First, Middla, Last) 2. Data of Death FEB. 2^{Day}, 1996 ISAAC RANDOLPH SAUL JR. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death MUnder 24 Hrs. 8. Dete of Birth BALTIMORE BALTIMORE COUNTY POLICE HEADOUARTERS 8. Dete of Birth (Month, Day, 6. Sex 1 M 2 □ F 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthpiaca (Stata or Foreign Country) Months Days Hours Min. 226 90 9845 Sept. 1, 1958 Virginia Usuai Rasidanca of Decedant 10a Stata 10c City Town or Location 10b. County Maryland Baltimore Maryland 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 518 New Pittsburg Avenue U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva 13. Was Decedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indien, 11. Maritei Stetus Black, Whita, etc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No Specify: Allo-American 3 Widowed 4 Divorced Year or Detas: 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coliaga (1-4or 5+) WELDER Long Shoreman 18. Mothar's Nama (First, Middle, Maldan Sumama) 17. Fathar's Nema (First Middle Last) VERON MAE WAITES SAUL ISSAC SAUL, SR. 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) SANDRA SAUL (WIFE) 518 NEW PITTSBURG AVENUE BALTIMORE MD. 21222 20b. Piace of Disposition (Nema of 20c. Location - City or Town, Steta 20a. Method of Disposition cematary, cramatory or other pieca) 1 Buriai 2 □ Cramation 3 □ Ramovai from Stata Church OF Deliverance 3/3/96 Lively Virginia 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarai Sarvice Licansee 22. Nama and Addrass of Facility BERRY O. WADDY P.O.BOX 165 LANCASTER VIRGINIA 22503 complications that caused the death. art1. Entar tha disaasa, o hock, or haart failura. List not antar tha mode of dying, such es cardiac or respiratory errest, Immediata Causa (Finai diseese or condition rasulting in daath) Dua to (or as a consequanca of) Sequentielly list conditions, if any, leeding to immedieta causa. Enter Underlying Cause (Diseasa or injury that initiated evants rasulting in death) Last Due to (or es e consequence of): Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to complation of cause of death? 24a. Wes an autopsy performed? X Yes 2 No 28. Piece of Deeth (Check only ona)

Physician/Medical by Completed 25. Was case referred to medical Be axaminar? XXYas 2□ No Certification: To 27. Mannar of Deeth 1 Naturei 2 Accident 3 Suicide

Homicide

State

5 Pending investigation 6 Could not be datarmined

28e. Deta of injury (Month, Day) -2696 28b. Time of injury

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 1 Yas

28e. Piace of Injury - At homa, farm, streat, fectory, office building, etc. (Specify)

Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28d. Dascripe how injury occurred 5 28f. Location City or T

(Street end Number or Rural Route Number, 1 Certifying Phyeician: To the bast of my knowledge, daeth occurred at the time, data and piace, and due to the cause(s) and menner as stated.

**Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner stated.

295. Signati and title of certifier

29c. Licanse number O.C.M.E

29d. Date signed (Month, Day, Year) FEBRUARY 27, 1996

who compiated causa of death (item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

31. Data filad (Month, Day, Year)
MAR 0 4 1996



PN

Registrar

PD 08937

BALTIMORE, MARYLAND 21215-0020	OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	ODE TOOL Address the manufacture of the second and accomplished in the factor of the second s
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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O THE	O THE	the filed within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burial, cremation, of removal.	MPOF
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22. NAME AND ADDRESS OF FACILITY Frazier's Funeral Home 389 Rhode Island Av., NW, Washington, D.C. 23. PART I. Enter the digasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervil Between Onset and Dash Medical CAUSE (Final resolution), one classe on each line. Approximate intervil Between Onset and Dash Sequentially list conditions, and a consciouence of): OUE TO (OR AS A CONSCOUENCE OF): d. DUE TO (OR AS A CONSCOUENCE OF): OUE TO (OR AS A CONSCOUENCE OF): d. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (THE OF TOBACCO USE OF DEATH (4 Donation 5 Other	(Specify)		Ft.Li	ncol	n Ce	mete	ry 3	/1/9	6 B1	adens	burg.	Md	
389 Rhode Island Av., NW, Washington, D.C. 23. PART I. Enter the dispasses, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line. Image:		21. SIGNATURE OF FUNERAL	SERVICE LIC	PHISEE			22.	NAME AP	ID ADDRESS OF	FACILIT	Y Frazie	r¹s F	s Funeral Home		
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1				DUE TO (OR AS	A CONSEC	UENCE O	F):								
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	8	Diabet	es								1 TYES	2 (Z NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	M												1 -	YES 2 NO	
2 Accident Investigation M 1 YES 2 NO 2 Accident Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Nown, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (ä			CONTRIBUTE TO	CAU	SE OF	DEA	TH Y	ES 🔲 1	NO [
2 Accident Investigation M 1 YES 2 NO 2 Accident Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Nown, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (5	EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH	(Check o	y one)				
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2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Feb. 29, 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) 20c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Feb. 29, 1996			Pendlon			28b. TIM	E OF IURY	WO	RK?		I. DESCRIBE HOW	INJURY OC	CURED		
4 Homicide determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined city or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE-OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Peb. 29, 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Peb. 29, 1996	B	2 Accident		4	M										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D08546 Feb. 29, 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 40	TED	_ 0 _ 1		building, atc. (Sc	ecify)	ne, term, (street, tact	ory, offici		281	. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D08546 Feb. 29, 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 40	ا ۳	29a. CERTIFIER	FYING PHYSI	CIAN: To the best of my kno	wiedga, des	ith occurn	ed at the ti	me, data	and place, and	due to th	e cause(s) and ma	nner as stat	ted.		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D08546 Feb. 29, 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) 40	١													and manner as stated.	
D08546 Feb.29,1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs. Print) 4657 82 (8 W/S CON SCOW) 200 Person WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs. Print) 4657 82 (8 W/S CON SCOW) 200 Person WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs. Print)						_									
H 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Lohn (100 by 82 (8 W/S CM SCM RV)		Lola	0	01-	_ /	2	,								
John luber 82 (8 WIS CONSIN TOPE 131. DATE FILED (Month, Day, Your) 31. DATE FILED (Month, Day, Your) 12. BEGISTRAR'S SIGNATURE 14.00 0.5 1006 15. 1006	임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM	1 27) (Type	, Print)		2003		124	I I	7	, 1000	
31. DATE FILED (Month, Day, Year) 32. GEGISTRAR'S SIGNATURE		Lohn	_	Tack	er	8	2	(8	WI	Sa	msin	5 C	Que	mo:	
		31. DATE FILED (Month, Day,)	1000	32. BEGISTRAR'S SIG	NATURE										

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	DEBITAL OF ATTENDIAL BUVELCIAM. The law remises that the death certificate he exercised with
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	UNECTURY: After this certificate has been signed by the attending physician and completely lifed in by the funderal offection, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSIC	to the Funeral Unrection: After mis of the filed within 72 hours after death with 1	IMPORTANT: If Item 28 is marked,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH						REG. NO.				
	DECEDENT'S NAME (First, Middle, Last) JAMES	RUSSI	er r		СШ	UART	1		2. DATE O MONTH		AY OG	YEAR	TIME OF OEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	net hirthrian	IF UNDER		IF UNDER	24 MDC	7. DATE O		06	96	.ACE (State or Foreign
1	219-82-7196		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country)		
	Se. FACILITY NAME (If not institution, give	1 M 2 F	31		ab CITY	TOWAY (R LOCATI	ON OF DE		1-64	T a- 001	STLVE NTY OF OEA	R SPRING, MI
Œ	9091 OCEAN HYWY							ON OF DE	EATH				
DIRECTOR	RESIDENCE OF DECEDENT				U	ELMA	T .				MI	COMIC	U
EC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	PR LOCAT	ION					1	Od. INSIDE CITY
FIG	MD WI	COMICO			DELM	AR							LIMITS?
7	10e. STREET AND NUMBER					_	ZIP COD	E	-		10g, CIT		AT COUNTRY?
R/	9091 OCEAN GATE	HVWV					21	875			US		
FUNERAL	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN II S A	PMED	1 12 1	Was ord			MC OBICING	(Specify Ye			- American Indian.
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	- 0	f yes, sp	ecify Cubi	n, Maxica	n. Puerto Ri		01 140-	Black, 1	White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		'	YES	2 NO	Specify	γ:			Specify:	WHITE
Q	15. DECEDENT'S EDU	CATION	16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b.	KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5 +		Give kind of fe. Do NOT u	work done (se retired.)	during mo	st of worki	קר					
PL	12th	College (1-4 of 5 +	'	LABO	RER				CC	DNSTRU	ICTTO	N	
MO	17. FATHER'S NAME (First, Middle, Lest)				114	-	16. MOT	HER'S NA		iddle, Maiden			
		CECIL C.	STHART								,	INGHA	М
BE	19e. INFORMANT'S NAME (Type/Print)	CLCIL C.		95 MAILING	ACCRESS	2 /Street o	nd Numbe	or Rumi I		v, City or Tow			
5	MARY B. STUART											21801	
	20a. METHOD OF DISPOSITION			EANDDATE				,			_	City or Town	
	1 Buriel 2 Coremetion 3 Ren 4 Donation 5 Other (Specify)	novel from State							1				, SALIS.MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	JALI	SDUNT	STRY TORY 3-12 SN 22. NAME AND ADDRESS OF FACILITY OLLEY								
	· P 20	h 00.											
	Soulla A.	folley				1213	JER	SEY	ROAD,	SALI	SBUR	Y, MD	. 21801
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF): A CONSEQUENCE OF):										
	d.												
EDICAL	PART II. Other significant condition	ne contributing to	deeth but not	reaulting	in the un	deriyin	g cause	given in	Part I.	24s. WAS AN PERFO		A	PERE AUTOPSY FINDINGS
ă									- 1	1 YES	NO X		OMPLETION OF CAUSE F DEATH?
ME												1	YES 2 NO
ž													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-		ACE OF D	EATH (Ch	eck only one)			
S	1XXYES 2 □ NO	XXInpatient 2 □	ER/Outpatient	3 DOA	4 Nun		6 5 🗆 R	esidence	8 🗆 Other	(Specify)			
Y PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, De	INJURY ny, Ybar)	265. TIN	IE OF JURY M		URY AT PAK? YES 2	NO	28d. DE\$0	RIBE HOW	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 XXuicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At I	nome, ferm,	street, fact	ory, offic				TION (Street Town, State)		r or Aural Aou	ite Number,
1	70. CERTIFIER												
COMPL	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of ER: On the basis of an											and manner as stated.
- 1	2 XYMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) at 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (M												
BE	76. 011	015 1	ent Do	1	n. 1.	-e			MDEN				
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALL	E DE DEATH OF	FM 277	Print	cyas	,D08	008			0	3-06-	96
	THOMAS C. HILL, 31. DATE FILED (Month, Day, Year)	JR., M.D	0., 108	PINE	BLU	FF R	OAD,	SAL	ISBUR	Y, ME	218	01	
	MAR 11 199	6 Julia d	AUCHOCA	arlall									
	1415-111 (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	0 1 /200											

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	
BALTIN	thours after death. Pag	
	m 2	
DIVISION OF VITAL RECORDS, P.O. BOX 6876	aw requires that the death certificate be executed writing	
VISION OF VITAL	TENDING PHYSICIAN: The law	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF I		MENTAL HYGII			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
- 8		HAZEL L.		St	entens	March		76 1913 M	А
			80 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1.0	BIRTHPLACE (State or Foreign Country) MD	
1	9s. FACILITY NAME (If not institution, give stre		OU THS.	AL CITY TOWAL	OR LOCATION OF DI				_
OR	PENINSULA REGION		CENTER		LISBURY	EAIR	211-00-012	OMICO	
5	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY		Inc. CITY	, TOWN OR LOCA	TION			TANA MIRINDE OUTV	
DIRECTOR	MD. WICOM	ICO		RUITLAN				10d. INSIDE CITY LIMITS? YES 2 NO	
AL	10e. STREET AND NUMBER				t. ZIP CODE		10g. CITtZE	N OF WHAT COUNTRY?	
FUNERAL	P.O. BOX # 56				21826			U.S.A.	
BY FUI	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:		Bleck, White, etc. Specify: WHITE	
8	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION	16a. DECEDENT'S	USUAL OCCUPATI	ON pet of wasting	16b. KIND OF	BUSINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	ost or working	G L DI G	T	lony.	1
ME	10 17. FATHER'S NAME (First, Middle, Last)		SEAMSTR	ESS	40 14077/2010 14	GARME ME (First, Middle, Mail	NT FACT	ORY	_
		DITENIC							
BE	JOHN B. STE	PHENS	195 MAILING	ADDRESS /Street		IZABETH M Route Number, City or		orfel	-
2	LEROY ELLIOTT					RUITLAND,		1826	
	20s. METHOD OF DISPOSITION 1 1 Burlet 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	ret trom State 20b.	PLACE AND DATE OF STA	her place)	ame of	1	ALISBURY		١
	21. SIGNATURE OF TUNERAL SERVICE LICE		0		ND ADDRESS OF FA		ALISDUK.	I offine	-
	Suald?	Brun.	es	1				Y,MD. 21804	
	23. PART I. Enter the disesses, or co shock, or haart fallure. Li	lat only one cause on as	ich line.					Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	C-	7.	·	A	Failu Ische	2	Onset and Desth	1
- 1	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	ne m	soci	Jaim	re	3 days	_
7		Con	alem	14.000	14 -	Jac Lo	mi	reors	
CERTIFICATION	Sequantially list conditions, if any, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	94	0	130/0		0	-
S	CAUSE (Disease or Injury				\sim				
TIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:					
ËH	d.								
AL C	PART II. Other significant conditions			n tha underlyle	ig cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
20	Cerebru	2 Voicul	or dus	eose			FORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME								1 YES 2 NO	
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S I NO [UNCERTAL	N X			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT)				
YSI		Inpatient 2 - ER/Outp	atient 3 🗆 DOA	OTHER: 4 - Nursing Ho	ne 5 🗆 Rasidence	8 - Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH A Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED	
ВУ	2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF INJURY	— At home, farm, s			281, LOCATION (Str.	eet and Number or	Rural Route Number,	-
TED	4 Homicide B Could not be	building, atc. (Spec	elfy)			City or Town, S	(ato)		
COMPLET	29s. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my know	ledge, death occurre	ed at the time, dat	s and place, and du	n to the cause(s) and	manner as stated		
₩ O	one) 2 MEDICAL EXAMINER	On the beals of exemination	and/or investigation	n, in my opinion,	death occured at the	time, data and place	, and due to the	cause(s) and manner as atated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	-1 //			29c. LICENSE NU	MOER	29d. DATE S	d. DATE SIGNED (Month, Day, Year)	
) BE	Komlet f.	port			D365	576	1 3,	19/86	
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							1		
	ROWALD P.	TRAVITZ	MD	SALIS	BURY	MD Z	1081		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
	MAR 11 1996	Jalia Davide	strandally		· =				

MAR 11 1996

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene ()

Jiacement-	ре	r D. Barbour 1. Decedent'a Name (First, Middla, Las	ot)		Cert	ificate of	Death	2. Date of De	Reg. No.		3. Time of Death
Physicia /Medic	al	Timothy & Tilley					th City Town	Month 3 or Location of Deal	Day 13	Year 96	7:55 pu
Funeral Director	er	4a. Facility Name (Prot Institution, divided in the State of Many 5. Social Security Number 6. 9 405-94-2932	land Medi	. 11		If Undar 1 Yaar Months Days	Baltim If Undar 24 H	ove		9. Birth	one place (State or Foreign try) Eucky
/land		Usual Residence of Decadent 10a. State 10b. County		10c. City, Tow	vn or Loca	ation					10d. Insida City Limits
the Marylar 28a-f show	etor	Maryland Howar	đ	Jess	sup						1 ☐ Yes 2 No
with the		10e. Street and Number 8736 Clemente Cou	rt			10f. Zip Code 2079	4		10g. Citizen	of What Coul ed Sta	•
020 urs a	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Decedent Armed Forces? 1 ☐ Yas 2 ☑ I If Yes, Give Year or Dates:				lispanic Origin? an, Mexican, Pu	(Specify Yas or Ni erto Rican, etc.)		lace - Americ	can indian,
21215-0020 d within 72 hours aff plene. If than "natural", or the Medical Exami	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)	ucation de completad) College (1-4or 5 2)+)		nt's Usuai Occup nd of work done O NOT use retired untant	ation during most of a d)	working	16b. Kind of	Bualness/In	dustry
nd all Hygi	Be C	17. Father's Name (First, Middle, Last)					18. Mother's N	lame (First, Middle	, Maiden Sum	ame)	
Maryland d 2 should be file th and Mental Hy 7 Is merked othe traumetic event.	To	Edward B. Tilley						ene Hagga			
and 2 sh and 2 sh alth and n 27 is m		19a. informant's Neme/Relationship (7 Amy R. Tilley/Wife				Address (Street Clemente		Jessup,			0794
Baltimore, permit. Pages 1 an appartment of Heal montant: if Itam 2 iny Injury or other ance.		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		cemete	vy, crema Vashi		remator	Data y3-16-96		1, Mai	own, State
Balt permit. Depart Importa any Inje		21. Signatura of Funeral Servica Lican	lling					uneral Ho			MD 21043
Physician /Medical Examiner		23a. Part1. Enter the disease, or compands, or heart feilure. List only immediate Cause (Final diseasa or condition resulting in death)	a. Acute	Due to (or es e	adja	l Fufa,		liac or respiretory (errest,] 	Approximate interval Between Onsat and Death
6876(tificete be ng physicia as the bur	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Dia6	CTCS M Due to (or as a		ence of):					2 years
Cords, P.O. Box v requires that the death cer been signed by the attendin should be deteched for use	Physicia	Part ii. Other aignificant conditions co	ontributing to death b	ut not resulting i	in the und	lerlying cause giv	ren in Part i.		tobacco usa	11	o the cause of death
ecords, aw requires t as been signe 2 should be	Completed by Physician/N							24a. Was	s an autopsy ormad?	av co	ere autopsy findings allable prior to empletion of cause death?
Vital Rel	Sol							1 🗆	Yes 2 No	11	□ Yes 2□ No
Vita siciani centifii iractor	o Be	25. Wes case referred to medical examinar? 1 ☐ Yes 2 😿 No	Hospital: 1 inpatie	ent 2 ER/O		3□ DOA Oth	OF	Death (Check only		Dub (0	4.1
Division of Vital Records, P.O. Box To the Hospital or Attending Physician: The law requires that the death cer within 24 hours after death. To the Funeral Director: After this certificate hes been signed by the attendir completely filled in by the funeral director, page 2 should be deteched for use	Ication: To	27. Menner of Death 1 Naturei 5 □ Pending 2 □ Accident investigation 3 □ Suicide 6 □ Could not be	28a. Date of inju (Month, Da	ry y Year) 28b.	Time of injury	28c. injur Wor M 1 🗆		28d. Describe	how injury oc	curred	al Routa Number,
Hospital or A 4 hours after Funeral Directly filled in b	Medical Certification:	(Check only 2 Medical Exam	28a. Place of injuding, etc building, etc vsician: To the best of iner: On the basis of	of my knowledge	e, death o	occurred at the tir	ne, date and pla	City or To	own, State)	menner as s	stated.
within 2 To the comple	Med	one) 29b. Signature and title of cartifier	and manner sta	atad.		29c. Licens			29d. Date sig		
10	-	30. Name and address progressor who d	completed cause of d	eath (Item 23e)	(Tyne Pr	UMP:	1097		3 13		
Stat	e	ADBEAT T. TURNER 31. Date filed (Month, Day, Year) MAR 2 1 1	MA. D. Ded		t. 1110	dicine 1	mms a)2 S Gro	ene St.	Balti	move MD

Please Type or Print in Black Indelible Ink. Assure All Copies Are I egible.

State of Maryland / Department of Health and Mental Hygiene 96 08441

						Cer	tificate	e of	Death		Reg.		0	0044	1
	Physic /Medi		1. Decedant's Nama (First, Middla, La Helen A.	*	Toppeı	c				Mon	of Death th	Day	Yaar	3. Time of Dea	
	Exami		4a. Facility Nama (If not institution, giv	a street and number)					4b. City, Town	n, or Location of	67.1	4c. County	-	0.30_0	-
1			Frederick Memoria	al Hospita	1				Freder				deric	K	
	Funeral Director		5. Social Security Number 6. S 203-24-8551 Usuei Rasidance of Decedant	ex 7. Ag □M 2√E√F	a (In yrs. la:	st birthday) Yrs.	If Undar	1 Yaar Days		Min. 8. Data Mon. Dec.	of Birth th, Day, Ye 18,1	914	9. Birthp Coun Mary	iaca <i>(Stata or Fo</i> <i>try)</i> Land	reign
	Maryland I-f ahow	tor	10a. Stata 10b. County Maryland Frederi	ck		Town or Lo erick	cation						1	0d. Insida City Li	
	th with the 23a or 284	al Director	10e. Street and Number 14 Fairview Aver	nue			10f. Zip 6					Citizan of	What Coun	try?	
020	be filed within 72 hours after death with the Maryland tial thygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Exercine must be noritied at	by Funeral	11. Marilal Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 Yas 2 3 If Yas, Giva Yaar or Datas:		1	Vas Deceda f Yas, speci	fy Cut	oan, Maxican,	n? (Specify Yas Puarto Rican, at	or No-		ce - Amaric ck, Whita, y: Wh:	atc.	
21215-0020	within 72 ho ene. than "natur he Meolcal	Completed	15. Decedent'a Ec (Specify only highast gra Elamantary/Secondary (0-12)	Jucation da complated) Collega (1-4or 5	5+)	16a. Deced (Giva lifa. L Homen	kind of worl OO NOT use	Occu k dona a retire	pation during most o	of working		Kind of B	usiness/ind	Justry	
Maryland 2	S is S	To Be Co	17. Fathar'a Nama (First, Middla, Last) Guy J. Topper							s Nama (First, A		fen Suman	na)		
			19a. Informant's Name/Ralationship (Leota Topper – Si	Type, Print) .ster			_			or Rural Routa Freder			State, Zip 2170		
Baltimore,			20a. Mathod of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Specific		cer	ce of Dispo natary, cran Joseph	natory or off	har ple	,	Data 3/01/	96 Em		City or To		
Balt	permit. Page Department of Important: If any Injury or		21. Signature of Funaral Sarvica Licar	isaa 🥒					ass of Facility	Pike,	Frede	rick	Md	21702	
	Physician /Medical Examiner	Examiner	Immediata Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any leading to immediate	b. CONGE	STIVE Dua to (or a	E He	EA () uance of):		PAILU		ENO-		55	Onset and Deat	
Box 68760,	leath certificate be executed attending physician and I for use as the burial-transit	Medical	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disaasa or injury that initiated events rasulting in daath) Last		Dua to (or a	a a consaq	uance of):			UMONI TYPE I					
P.O.	y the	by Physician	Part II. Other significant conditions of C. difficult Calif	_		_				23b	Did tobac	2 No	3 Prot	the cause of de bably 4 🗆 Unk	
Vital Records,	aw requir is been s 2 should	Completed b	Conquital sm	gle kiels	ney		V		· ·	248.	. Was an ar performed		co	ara autopsy findir aiiable prior to applation of cause daath?	
- B	The ate h	Co		•	'						1 Yes	20 No	10	Yas 2 No	
of	g Physician: The er this certificate teral director, pag	To Be	25. Was casa rafarred to medical axaminar? 1 Yes 2 No 27. Mannar of Death	Hospitai: 1 Inpatia 28a. Data of Inju (Month, Da)	ry 2	R/Outpatien		A Ot	har: 4 Nurs	of Death (Check sing Homa 5 2 28d. Das				1)	
Division	or Attending I after death. Director: After I in by the funer	Certification:	1 Naturai 5 Panding 2 Accidant Invastigation 3 Suicida 6 Could not be 4 Homicida	1	ury - At hom	Injury na, farm, stre	М	1 []Yaa 2∐No	28f. Loca	ition (Stream or Town, Si		ber or Rura	l Routa Number,	
2	Hospital 4 hours Funeral tely fillec	edical Ce		ysician: To the best of the basis of and manner at	axaminatio										
	To the Comple	Me	29b. Signatury and titla of cartifiar	Small	2				3389				od (Month, 7/96	Day, Year)	
			30. Nama and addrass of person who Susaw B. Br.	omplated cause of d				bU.	SE AVE	SUITE	203.	RED	ERIC	KMD21	201

State Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

08442

_						Ce	nırıcaı	e or	Death			Reg. No.		A. O. J. S.
	.		1. Decedant's Nama (First, Middl	a, Last)		2		4			2. Data of De Month	eath Day	Yaar	3. Tima of Death
	Physic /Medi		Helen A	ALICE		Th	ompson				March		1996	12:35 A:M
E	Exami		4a. Facility Nama (If not institutio		umber)		-	1	4b. City, To	own, or Lo	cation of Deat			
1			Physicians Memori	al Hospital					LaP1	ata		0	arles	
r	Funeral		5. Social Sacurity Number	6. Sax	-	s. last birthday,	If Unda		If Undar		8. Data of Bir (Month, Da			place (Stata or Foraign
	Director	_	156-16-4712	1□ M XCX F		69 Yrs.	Months	Days	Hours			7,1926		NNSYLVANI
			Usual Rasidance of Decedant			<u> </u>				l	TAI 2	11320	1 151	MOIDAWI
	ylan Maria		10a. Stata 10b. County		10c. C	City, Town or L	ocation						16	0d. Inside City Limits
	Mar Mar	to	MARYLAND CH	HARLES		POTON	IAC F	EIG	HTS					1 ☐ Yas 2 No
	128 128	Te l	10e. Street and Number				10f. Zip					10g. Citizen of	What Coun	ntry?
	3a o	Funeral Director	6 GREENWOOD	PLACE				20	640			U.	S.A.	1100
	deati	Jer	11. Marital Status	12. Was De	cedant Evar In	U,S. 13.	Was Dece	dant of h	lispanic Or	igin? (Spe	cify Yas or No Rican, atc.)		e - Amaric	ean Indian,
0	r he	F	1 Navar Married 2 Mar	Armed F led 1 ☐ Yas	2 X No						Hican, atc.)	Bia	ck, Whita,	atc.
21215-0020	72 hours effer death with the Maryland natural, or items 23s or 28s-f show dical Exercines must be notified at	by	3 10 Widowed 4 □ Divorced	If Yas, G Yaar or	iva Datas:		1 Yes	2KJ No	Specify.	:		Specif	WF	HITE
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2	within 7 ene. than "r	pe	(Specify only higha Elementary/Secondary (0-12)		(1-4or 5+)	lifa.	kind of wo DO NOT u	sa <i>retire</i>	aunng mos d)	st of workii	ng			
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PU	e filled all Hygis other	Be	17. Fathar's Nama (First, Middla,	Last)					18. Moth	ar's Nama	(First, Middle	, Maidan Sumar	na)	
<u>a</u>	should be ind Mental I	To	EDWARD REII	ENBACH					TH	IIRZ:	IA ADA	AMS		
Maryland	2 sho and h		19a. Informant's Name/Raietions	hip (Type, Print)		19b. Maili	ing Addrass	(Street	and Numb	er or Rura	I Routa Numb	er, City or Town	Stata, Zip	Code)
			BONNIE CROST	ON (DAUG	HTER)	1201	JEF	FER	SON	LANI	E WAI	DORF, N	IARYI	LAND20602
re,	f He Hem		20a. Mathod of Disposition			Place of Disponentary, cre	osition (Na	na of			Deta	20c. Location		
E	Pages net of h		INDESTRUCTION 2 □ Cramation 4 □ Donation 5 □ Other (S		Stata					ERY:	3-12-9	6 LA F	TATE	A.MD.
Baltimore,	2525		21. Signature of Funaçai Sarvice				2. Nama ar			1				
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	Discontinuo		23a. Part1. Entar tha disaasa, or shock, or haart feilure. List	only ona causa on	aach lina.	aur. Do not an	tai tiia tiioc	ia oi ayii	ig, sour as	varuiac o	raspiratory a	11001		Interval Between Onsat and Death
0	Physician /Medical	н	Immediata Causa (Final	To	1-1	0	1		(-				1	0
	Examiner		disaasa or condition rasulting in daath)	a. / -	thiNa			1	Can	100				3 months
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	petr insit	Examiner		b	D. C.					-			-	
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X				d										
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Re	e lav	E P	1-11 P	0							_	_/		death?
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*	Physician: The lav this certificate has ral director, page 2	Be	25. Was casa rafarred to madica axaminar?	Hospital:	1			Oth			(Check only			
of	5 00	To :	1 Yas 2 No	12		ER/Outpatie		JA	4 U N			dance 8 Oth		V)
5	Ing I	Certification:	27. Marylar of Death 1 Metural 5 Pandir	9	nth, Day Year)	28b. Tima o Injury		8c. Injur Wor			280. Dascribe	how Injury occur	red	
Sic	Attending ar death. ector: After by the fune	cat	2 Accident Investig	not he			М		Yas 2□		006 1 11 1			10
Division	or Attendi	E	4 Homicide datem	ined 28a. Plac	a of Injury - At ding, atc. (Spec	homa, farm, st cify)	reet, factor	y, office		2	City or To		er or Hura	al Routa Number,
	oral C													
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai	(Check only 2 Medical	g Physician: To the Examiner: On the b	basis of axamin	iowledge, deet ation and/or in	h occurred vastigetion	at tha tir , in my o	ne, dete er pinion, das	nd plece, a ath occurre	and due to the ed at the time,	dete and place,	anner as st and due to	sted. tha cause(s)
	the the	Med	one)	and mai	nnar stated.		20	Llann	a number			20d Data algae	d (Month	Day Vasil
	F 3 F 8	-	29b. Signatura and title of cardine	- 00	(1)	/	29					29d. Data signe		
			100	Thor	10	~		D-3	37174			Marc	10,]	1996
			30. Nama and addrass of person											
			Song Chol Chon MD ^C					Walc	lorf, M	1d. 200	602			
	Sta		31. Data filed (Month Pay Year)	3 1996 32.1	Ragistrar's Sign	udlar Ra	wall.							
	Regist	ar	***************************************		7		Anna							

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State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death		Reg. No.	0 (104434
	<u> </u>		1. Decedent's Neme (First, Middle, Las	st)					2. Dete of Do	eeth	Valar	3. Time of Death
	Physic /Medi		EDITH C. TO	OWERY						11 Dey 19	96 Yeer	11:55 AM
	Exami		4e. Fecility Neme (If not institution, give	e s <i>treet</i> en <i>d n</i> um	ber)			4b. City, Town, or	Location of Deel	th 4c. Count	y of Death	
			10505 Cedarville	Road Lo	ot 2-6			Brandyw:	ine	PRIN	CE GE	ORGE'S
	Funeral Director		5. Social Security Number 6. S 255-44-1343	ex 7 □ M 2【XTF	7. Age (In yrs. le 63	st birthday) Yrs.	if Under 1 Yea Months Dey			rth ey, Year) 1932	9. Birthi Cour Alab	place (Stete or Foreign ntry) ama
	D .		Usuei Residence of Decedent		10. 01	-						
	Manylar a-f show	tor	Maryland Prince	George's		Town or Loc ndywin						10d. fnside City Limits 1 ☐ Yes 2 No
	y 28	i e	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cou	ntry?
	th will	aiD	10505 Cedarville	Road Lot	t 2-6		20613				USA	
020	s i and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or liems 23s or 28s4 show other traumatic event, in Medical Examinar must be notined at	by Funeral Director	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Deced Armed Ford 1 Yes 2 if Yes, Give Yeer or Dat	2⊠ No	ff	Vas Decedent of Yes, specify Cu ☐ Yes 2 No	Hispanic Origin? (ban, Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)		ce - Americ ick, White,	can indlen, etc. White
0-0	2 hot	2	15. Decedent's Ed			16a. Deced	ent's Usuel Occi	upetion		16b. Kind of E	Business/In	dustry
Maryland 21215-0020	filed within 7 Hygiene. other than "n	Completed	(Specify only highest gra Elementery/Secondery (0-12)	de completed) Coilege (1-	4or 5+)		kind of work don 10 NOT use retir ecretar	upetion e during most of wo ed)	orking	Cleric	cal	
P	Hyg other	BeC	17. Fether's Neme (First, Middle, Last)					18. Mother's Ne	me (First, Middle	, Meiden Sumai	me)	
lar	Aental rked o	To B	Roy E. Crabtree					Frances	A. Van	diver Cı	cabtr	ee
lan	2 should be and Mental Is marked of aurmatic eventuality		19e. informent's Neme/Reletionship (Type, Print)		19b. Mellin	g Address (Street	et end Number or F	Rural Route Numb	per, City or Town	, Stete, Zij	Code)
Baltimore, N	8 = 5		Raymond Towery () 20e. Method of Disposition 1 Burlal 2 Cremetion 3 D 4 Donation 5 Other (Specify	Husband) Removei from Si	20b. Ple	netery, crem	Cedary lition (Neme of letory or other pi Funeral	ece)	Dete	321 Har	- City or To 1nahs	, MD 20613 own, State Mill RD GA 30286
Balt	pemit. Pa Departmen Important: any injury		21. Signature of Funerei Service Licen	see	M00173	J			tuary			
	Physician /Medical Examiner	er .	immediate Cause (Fine) disease or composition of the condition resulting in deeth)	e.	y co	as a consequ	Con	MIG, SUCH OS CARON	de di respiretory e	my		Approximete interval Between Onset end Deeth
	and I-transit	Examiner	Sequentially list conditions,	b	Due to (or	es a consequ	uenca of):		0	1		
c 68760,	death certificate be executed e attending physician and of for use as the burlal-transit	Medical E	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that intileted events resulting in deeth) Last	c	Due to (or e	es e consequ	ence of):				1	
Box	eath ce attendii for use	lan		d				· · · · · · · · · · · · · · · · · · ·				
P.O. I	the the	Physician/	Pert fi. Other significant conditions or	ontributing to dea	ith but not result	ing in the un	derlying cause ç	iven in Pert i.		tobacco use co	,	o the cause of death?
ds,	requires that een signed b hould be deta	d by							040 1110		24h W	ere eutopsy findings
of Vital Records,	× 0 ×	Completed								s an autopsy ormed?	av	velleble prior to ompletion of cause deeth?
A.	0 - 0	E O							10	Yes No	11	□Yes 2□No
ita		Be C	25. Wes case referred to medical					26. Place of De	eth (Check only	one)		
>	0,50	To	exeminer?	Hospitei: 1 ☐ inj	patient 2 E	R/Outpetient	3□ DOA O	ther: 4 Nursing	Home 5 Res	Idence 6 Ot	her (Speci	(y)
			27. Menner of Deeth Neturei 5 ☐ Pending	28e. Dete of	fnjury 2 Dey Year)	8b. Time of injury	28c. inj W	ury et ork?	28d. Describe	how injury occu	rred	
Division	feat for: the	Certification:	Accident investigation Sulcide 8 Could not be determined	28e. Pieca o				Yes 2□No		(Street end Num	ber or Run	al Route Number,
ō	Mospital or 24 hours afte Funeral Dir letely filled in					edne deeth	occurred at the	time, dete end piec			anner as t	hatet
	4546	Aedical	(Check only one) Medical Exam	iner: On the bas end manne	ils of examinetic	n end/or inv	estigetion, in my	opinion, deeth occ	urred et the time,	, dete end piece,	, and due to	o the cause(s)
	To To Com	M	29b. Signeture and title of certifier	An	Del	h	29c. Licer	2062	q	3 1	Month,	Clay, Year)
~			30. Name and address of person who deerge Wathen MI					, MD 206	46			

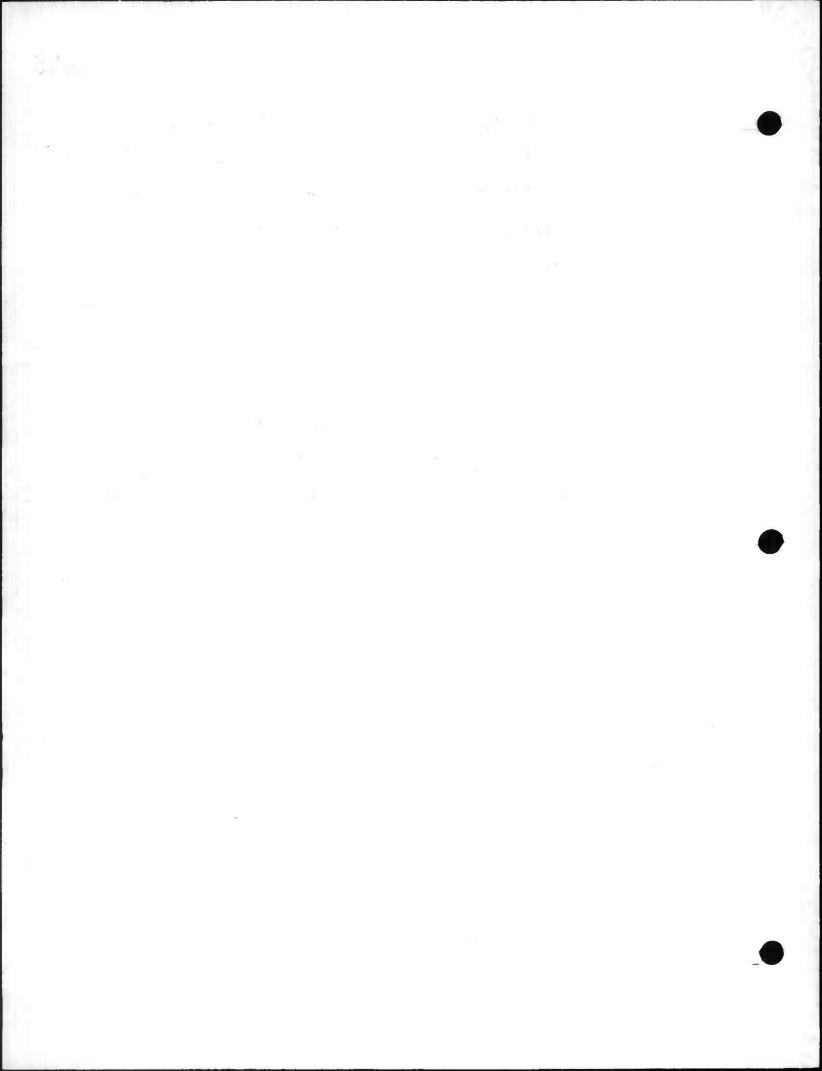
State Registrar 31. Dete filed (Month, Day, Year)
MAR 1 3 1996

32. Registrer's Signeture

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					_	OLITTI	ואסוו	_ 01	DLA	111		HEG. NO			
		1. DECEDENT'S NAME (First, A			_						2. DATE O	F DEATH	AY	YEAR 3.	TIME OF DEATH
		Ralph Gler		Todd,	Sr.						MAR	CH O	8 19	96	11.30a M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birthda			IF UNDER		7. DATE O	F BIRTH Day, Year)		BIRTNPL	ACE (State or Foreign
-		218-30-2202	2	1 🔀 M 2 🗆 F	63	3 YAS	MONTHS	DAYS	HOURS	MIN.	Dec.		1932	Mars	land
should		Sa. FACILITY NAME (If not insti	Itution, give st	reet and number)			9b. CIT	, TOWN	OR LOCATI	ON OF D			-	TY OF DEAT	
63	E E	Dorchester	Gene	ral Ho	spita	a]		Ca	mbri	dae			D	omah	oaton
1. 2.	18	RESIDENCE OF DECE	DENT		opi cc	4.4		Ca	I L	Luge	-			OFCII	ester
Pages	DIRECTOR	10a. STATE	10b. COUNTY	,		10c, 0	ITY, TOWN	OR LOCA	TION					10	d. INSIDE CITY
2	<u>=</u>	Maryland	Dor	cheste	r -		Ca	mbr	idae	_				1	LIMITS?
permit.	4	10e. STREET AND NUMBER							1. ZIP COD	-			10g. CITIZ		T COUNTRY?
.ss.	ERAL	1303 Race S	Stree	t				- 1	21	1613	2			U.S	
or attending physician.	FUNE	11. MARITAL STATUS	70200	12. WAS DECEDEN	IT EVER IN I	U.S. ARMED	12	WAS DEC	_		NIC ORIGIN?	/Parally Van	an Na		
ohysi buria		1 Never Married 2 X M	erried	FORCES?				If yes, sp	ecify Cube	n, Mexica	in, Pusito Rk	can, elc.)	0 140-	Black, V	American Indian, fhits, atc.
D of	BY	3 Widowed 4 Divorce	ed	IF YES, GIVE Y	MAR OR DAT	ES	1	1 YES	2 (X NO	Specif	y:			Specify:	h i to
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by the hospital be detached to at once.	_	Carrol To											<i>Surrieme)</i>		
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may be or, page		Joanne Mar		odd						Can	brid				
ector, p		1 💢 Burial 2 🗆 Cremation	3 Remo	oval from State	20b.P	LACE AND DAT	other place)	SITION (No	ame of		DATE	20c. LO	CATION — C	Ity or Town,	Stats
E E C		4 Donation 5 Other (S			- Dor	chest							ambr	idae	MD.
	1	22. NAME AND ADDRESS OF FACILITY Curran—Bromwell Funeral Home, P.A.													
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Leable. State of Maryland / Department of Health and Mental Hygiene 6 Amended # 10c. P.G.C. 3-8-96 CR Certificate of Death 1. Decedent'a Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Vear **Physician** 24, 1995 8:11 /Medical Viola Thomas 4b. City, Town, or Location of Death 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** Maryland General Hospital Baltimore City If Under 1 Yeer Birthplece (State or Foreign Country) If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year) 5/1/29 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** Months Deys 1 M 200F 66 Yrs. **Director** 577-34-6117 S. Carolina Usuel Residence of Decedent with the Meryland 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show ed other than "naturel", or items 23s or 28s-f sho event, the Masical Examiner must be notified at D.C. 1 TYes 2 □ No Director N/A Baltimore City Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Peges 1 and 2 should be filed within 72 hours efter death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a any Injury or other traumatic event, the Medical Examinet must acce. 125 13th St., N.E. 20002 Funeral U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 14. Raca - American Indian, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 K No Specify: Specify: Black ð 3 ☑ Widowed 4 ☐ Divorced Completed Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Laundry Worker Laundry 6th 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Malden Surname) Be Tom Mack P Dolly Hancock 19e. informent's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 641 49th St., N.E., Wash., D.C. 20019 Leegett Mack 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Dete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removei from Stete 3/5/96 Mt. Olivet Cem. 4 ☐ Donetion 5 ☐ Other (Specify) Wash., D.C. 21. Signeture of Funerel Service Licensee

22. Neme end Address of Fecility
H.S. Washington & Sons, inc.
4925 Burroughs Ave., N.E.

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of thing, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Betw Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) Intestinal Obstruction 2 Days Examiner Due to (or es e consequance of): Physician/Medical Examiner Gastrintestinal Bleeding 2 Day I or Attending Physician: The lew requires that the deeth certificate be executed life death.

Director: After this certificate hes been signed by the attending physician and in by the inneat director, page 2 should be deteched for use as the buriel-transit at in by the timetal director, page 2 should be deteched for use as the buriel-transit attending physician and for use es the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaese or injury that initieted events resulting in deeth) Lest Due to (or es a consequence of):
Distress Syndrome Acute Respiratory Division of Vital Records, P.O. Box 68760, 2 Days Due to (or es e consequence of) Part It. Other eignificant conditions contributing to daeth but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Hypertension by 24b. Wara autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Placa of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2⊠ No P 1X inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident in 24 hour.
the Funeral Director filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicida Hospital 24 hours e 29a. Cartifier 🗗 Certifying Physician: To the best of my knowledga, daath occurred at tha time, date and plece, end due to the cause(s) and manner as stated. Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On tha basis of axaminetion end/or investigetion, in my opinion, deeth occurred at the time, data and piece, and due to the causa(s) and menner stated.

State Registrar 29b. Signeture end title of certifier

Jawar

31. Dete filed (Month, Day, Year)
MAR 0.8 1996

- SHAKIR SARWAR

30. Nema end eddress of person who complated causa of death (Item 23e) (Type, Print)

Dr. Shakir Sarwar C/O Maryland General Hospital 827 Linden Avenue 22. Registrer's Signeture

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29c. License number

29d. Dete signed (Month, Day, Year)

Feb. 26, 1996

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State of Maryland / Department of Health and Mental Hygiene Q 6 08116

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30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) FRANCIS KWASHIE ATTIOGRE GOOD STAMPRITHIN HOSPITAL OF MANYLAND INC. State 31. Deterfield (Month, Day, Year)	ra le le le le le le le le le le le le le							//				
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30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) FRANCIS KWASHIE ATTOGRE GOOD STOM PRITHEN HOSPITAL OF MANYLAND INC. State 31. Deterfiled (Month, Day, Year) ARBUSTAT'S Signeture A.	5 ₹ 5 8		250. Significantly spin tries of certifier	NA	2.		DI-	C4 ~	2			
FRANCIS KWASHIE ATTIOGOS GOOD STOM ARZITAN HOSPITAL OF MARYLAND INC.	-						10	13	06	INITACI	7- 210	7 1446
State 31. Dete filed (Month, Day, Year) 3 Registrar's Signeture	(5)		247 . 2						11-2-2-20.	TT ACA	4 - N 1 M	0 1-10
State State State MAR MAR MAR MAR MAR MAR MAR MA							sum it	LIMN	मिग्द्र का मि	- OF IVIAN	TURN	DINE.
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Registrar

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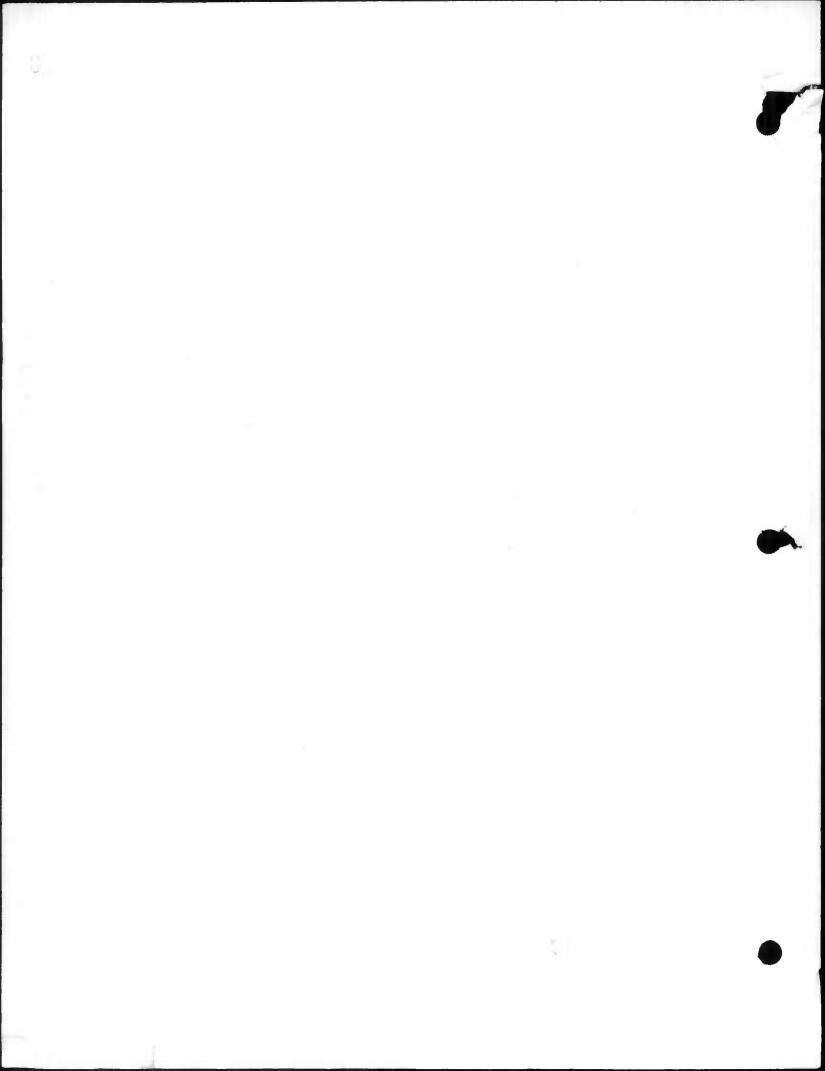
may be retained by the hospital or attending physician. r. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should MORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARYLAND	nouns after death. Page 6 may be retained by the hosp	d in by the towers director, page 5 should be detached	medical examinar must be notified at once.
DISION OF VITAL RECORDS, F.O. BOX 66/60	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withhard hours after death. Playe 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the three infector, page 5 should be detached be filed within 72 hours after death with the State hard, or Heath and Mental Holishe note in busin companion or account.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF I	HEALTH AND I	MENTAL HYGIEN	lt	0044.	-
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH	
	1	ROBERT ERNEST	LAMAR	UNGER		Feb. 26	1996		Ам
	4. SOCIAL SECURITY NUMBER 5	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Forek	
			6 YRS.	MONTHS DAYS	HOURS MIN.	Nov. 15,		ountry) (aryland	
	Se. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
0	l Windward Lane			Thurmo	nt		Frede	rick	
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	TOWH OR LOCA	TION			Las more one	
DIRECTOR	Maryland Freder	rick		rmont	Hon			10d. INSIDE CITY LIMITS?	
	10- STREET AND NUMBER	. ICK	11110		f. ZIP CODE		10a CITIZEN	1 X YES 2 NO	
FUNERAL	l Windward Lane				21788			S.A.	
S		2. WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS OE		IIC ORIGIN? (Specify Ye		ACE — American Indian.	
ВУ Е	1 Never Married 2 Married	FORCES? 1 YES 2	! □NO S	If yes, st	ecity Cuban, Mexical 2 NO Specify	n, Puerto Rican, atc.)		Black, White, atc.	
	3 Widowed 4 Divorced	Vietnam Rese	rves					White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 164 mpleted)	Give kind of w	JSUAL OCCUPATI ork done during me retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	TY	
Ä		College (1-4 or 5+)							
N N	9 17. FATHER'S NAME (First, Middle, Lest)		Supe	rvisor				istration	
						ME (First, Middle, Maiden			
H	Arthur John Unger 19a. INFORMANT'S NAME (Type/Print)		195 MAII ING	ADODESS (Steam		Elizabeth Route Number, City or Tow			_
2	Ruth Ann Unger							*	
	20e. METHOD OF DISPOSITION	20b. PL		F DISPOSITION /N		mont, Mary	CATION - City of		
	1 X Burial 2 Cremation 3 Remova 4 Donation 8 Other (Specify)	I from State cemeters	y, crematory or oth	er place) Cemete	**************************************	1		Maryland	
- 1	21. BIGNATURE OF FONEBAL SERVICE LICENS		/	22. NAME A	ND ADDRESS OF FAC	ZILITY			
	* tolestook	LR.Chill	11					HOMES, P.	Α.
\dashv	23. PART I. Enfer the diseases, or con	ONT CATALOGUE AND AND	death De si	615 E	AST MAIN	STREET, T	HURMONT	, MD 21788	
	IMMEDIATE CAUSE (Final	t ofly one cause on each	line.				natory arrest,	Approximata Interval Betw Onset and D	пеел
	resulting in death)	DUE TO (OR AS A CO	BHIC	Lake	rod Sc	theros12		12mon	5
		Prevnonia	NSEOUENCE OF)	*					
ON	Sequentially list conditions, b	DUE TO (OR AS A COI	NSEQUENCE OF						-
AT	if any, leading to immediate cause. Enter UNDERLYING							į	
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A COI	NSEQUENCE OF)	:					-
FR	resulting in death) LAST								
	PART II. Other significant conditions of	contributing to death but r	of resulting In	the underlyin	T course shows in i	Part I. 24s, WAS AN			0.00
CAL		String to double but in	or readiting in	uie diluettyiii	à canse diven in i	PERFOR	RMED?	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO	
						1 🗆 YES 2	X NO	OF DEATH?	*
Σ	DID TOBACCO USE CONTRIB	LITE TO CALISE OF F	EATH VE	DNO	LINICEDTAIN			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH	-	UNCERTAIN				_
Sic		IOSPITAL:		OTHER:	. V.				\dashv
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		e 5 Rasidence	28d. DESCRIBE NOW I	N.IIIBA OCCUBE		\dashv
	1 Natural 5 Pending	(Month, Day, Year)	INJU		RK?	Est. Degombe How	NOON! OCCORE!		- 1
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY A	At home, ferm, str			28f. LOCATION (Street a	and Number or Ru	ral Route Number	\dashv
	4 Homicide determined	building, etc. (Specify)				City or Town, State)	aria riamon di ria	Tools Highlight,	
Щ	as comments a		double account	Let the time date	ALCOHOLO SOCIO				\dashv
S 18	29a. CERTIFIER 1 CERTIFYINO PHYSICIAI	N: To the best of my knowledge	-, weath occurred						i
MP	(Check only CERTIFYING PHYSICIAL			In my opinion, d	eath occurred at the t				
COMPLETED	(Check only one) 1 CERTIFYINO PNYSICIAL ONE) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge On the basis of exemination and		, In my opinion, d					d.
H	(Check only CERTIFYING PHYSICIAL	On the basis of examination and		, In my opinion, d	29c. LICENSE NUM			NED (Month, Day, Year)	d.
	(Check only 2 MEDICAL EXAMINER: C	On the basis of examination and	d/or investigation						d.
H	(Check only 2 MEDICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	On the basis of examination and	d/or Investigation	Print)	D 2191	BER 44	29d. DATE SIGN		d.
H	(Check only 2 MEDICAL EXAMINER: C	On the basis of examination and OMPLETED CAUSE OF DEATH MD, 1475 Tand	(ITEM 27) (Type, F	Print)	D 2191		29d. DATE SIGN		d.
H	(Check only 2 MEDICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO James S. Grissom	On the basis of examination and completed cause of Death MD, 1475 Tane	(ITEM 27) (Type, F	Print)	D 2191	BER 44	29d. DATE SIGN		d.



DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

					ICATA	- 01	DEAL	**	HEG.	NU.		
	1. DECEDENT'S HAME (First, Middle, Lest) Kenneth Brown Unzicker 2. Date of DEATH MONTH PAY March 4, 1996 9:46 a M											
	579-01-3119	1 X M 2 F	9. AGE (In yrs. Iai	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIFTN (Month, Day, Yea	r)	Coun	
	9a. FACILITY HAME (If not institution, giv		30	THO.					Nov. 19,			llinois
ا _ش ا			C = = t = = =				PR LOCATIO	ON OF DEA	МН		DUNTY OF	
[유]	Prince George's	Hospital	Center		Che	ever.	Ly			Pri	ince	George's
DIRECTOR	10s. STATE 10b. COUR	ITY		10c. CIT	Y, TOWN C	OR LOCAT	HOI					10d. INSIDE CITY
	Maryland Pri	nce George	¹s	Riv	verda	ıle						LIMITS?
AL	10e. STREET AND HUMBER					101	. ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTRY?
띨	4911 Queensbury	Road					20737			U.	S.A.	
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IH U.S. AF	MED					C ORIGIN? (Specif			CE — American Indian, ck, White, etc.
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES				2 K HO			.)	Spec	city:
	15. DECEDENT'S E	MICATION	WW I	CEDENT'S	HOUAL O	COLIBATIO			1		1	White
COMPLETED	(Specify only highest gra	de completed)	(G	ive kind of to NOT us	work done is retired.)	during mo	st of working	9	16b. KIHD OF	BUSINESS/	MOUSTRY	
PL	12	College (1-4 or 5	+)				Hang		Self	Emp1o	veed	
<u>▼</u>	17. FATNER'S NAME (First, Middle, Last)				,	арог	_		E (First, Middle, Me			
O III	Glenn Unzicker						Eff		Brown		′	
BE (19n. INFORMANT'S HAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a			oute Number, City or	Town, State,	Zip Code)	
5	Joyce M. Alderso	n-Voigt	4	912 F	River	dale	Roa	d, R	iverdale	e, Mar	vlan	d 20737
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 📆 🖦	mount from State	20b. PLACE	AHDDATE	OF DISPOS	ITIOH/Na	me of		DATE 20c	LOCATION	City or T	Town State
	4 Donation 5 Other (Specify)	and the state of t	Mount	Hope	e Cen	nete:	ry 3	/09/	1996 S:	ibley,	I11	inois
	21. SIGNATURE OF FUNERAL SERVICE	DENSES			22.	NAME AN	ID ADDRES	S OF FAC	ILITY			me, P.A.
	1 Henry	tent)									me, P.A. , MD 20781
\neg	23. PART i. Enter the diseases, o	r complications the	t caused the de	eath. Do i	not enter	the mo	de of dyir	ng, such	as cardiac or n	eapiratory	arreat,	Approximate
	ahock, or heart failure iMMEDIATE CAUSE (Final	. List only one car	ise on each line).								Interval Between Onset and Death
	disease or condition	a. AS	15tolo.									10 min
i	reaulting in death)	DUE TO	OR AS A CONSE	OUEHCE O	F):							10 MIM
Z		a_ Acu	OR AS A CONSE	MOC	ardi	al	ind	arc	tion			1 hr.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OÚENCE O	F):	_	1	\				1100.00
2	CAUSE (Disease or injury	c	youa	24	AV	lery		size	ase			years
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE O	F):	V						
50		d										
	PART ii. Other aignificant conditi	ona contributing to	death but not i	resulting	in the un	derlying	cause g	iven in P	art i. 24a. WAS	S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
EDICAL	Hypertensic	n : A	theroso	levo	Tic (ardi	wasc	ular)	COARD IN YE	FORMED?	-	AMILABLE PRIOR TO COMPLETION OF CAUSE
ME	Congestive (ardiac	Failun	2 ;	Diab	etes	Melit	us typ	eTT			DF DEATH? 1 YES 2 HO
	DID TOBACCO USE CON	TRIBUTE TO CA	ÚSE OF DEA	TH YE	S 🗆 I	NO E	UNC	ERTAIN				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEA								
PHYSICIAN:	1 TYES 2 HO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER 4 Hun		e 5 🗆 Res	sidence 6	Other (Specify)			
F	27. MAHHER OF DEATN 1 Matural 5 Pending	26a. DATE Of (Month, D		28b. TIM	E OF JURY	28c. INJ WO	URY AT RK?		28d. DESCRIBE HO	OW INJURY O	CCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М		ES 2					
	3 Suicida 6 Could not b	e 26e. PLACE C building,	of IHJURY At he atc. (Specify)	me, farm,	street, fact	ory, office		- 1	26f. LOCATION (St. City or Town, S		ber or Rural	Route Number,
<u> </u>	ш											
COMPLETED	29a. CERTIFIER (Check only one)											
ŏ I	2 MEDICAL EXAMI	NER: On the beals of a	xamination and/or	Investigation	on, in my o	pinion, d	eath occure	ed at the ti	lme, data and place	, and dua to	the cause((a) and manner as stated.
ш	296. SIGNATURE AND TITLE QE-CENTIF	UI N	1,00	40'	M.	0	29c. LICE	NSE HUME		29d. D	ATE SIGNE	D (Month, Day, Year)
TO B			00	_	,	9	0	22	344	▶ .	3-6-	- 96
-	30. NAME AND ADDRESS OF PERSON	VNO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	Print)	4 A	110	Diam	erdale	MA	7 -	727
	G. M. DILL'A.	0. 65		met	NOVI	4/1	ve	NIN	ruare	アレン	- 40	121
	MAR 06 1996	TILLA PER	S SIGN DIRE	AR .								
	III/AIT O TOO	0										

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The same time

96-1285-025

Physician

/Medical

Examiner

Direct

Funeral

by

Funeral

Director

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible

	State of Maryland / Department of Health and Mental Hygiene
PER MEO FILM G-733 3/22/96 t.t	Certificate of Death Reg. No.

е	96	0	8	h	1.	q
0.	1		0	T	7	-
	-		-			

3760, ate be executed	Phy /M Exa	Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Meryla. Dependment of Heelih and Merylal Hodiena
nysician end	sic ed m	important: if item 27 is marked other than "natural", or items 23a or 28a-f show
the bridge house of	:	the second section is a section of the second second section in the second section is a second section of the second section is a second section section in the second section

Division of Vital Records, P.O. Box

To	Carl Junior Ve	Dovie	Dovie Ann Hager						
	19a. Informant's Name/Relationship	Street end Number or	Rural Route Number, City or 1						
	Cheryl A. Vencil	L - wife	42	4268 Cowan Place, Belcamp, Md. 21					
	20a. Method of Disposition 1 Burial 2 □ Cramation 3 □ Removal from State		cemetery,	cremetory or oth	Date 20c. Loca				
			HIGHVIE	22. Nama and Howard	Address of Facility K. McComas	s III Funeral			
	23e. PartY. Enter the disease, or cor shock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death)	COMBINED	DRUG INTO	XICATION					
	Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying	b	Due to (or as a cor	nsequenca of):					
an/Medica	Celese (Disease or Injury that Initiated evants rasulting in death) Lest	Due to (or es a consequance of):							
	Pert II. Other significent conditions	contributing to death bu	it not resulting in th	ne underlying cau	se given in Part I.	23b. Did tobacco us			
						24a. Was an autopsy performed?			
Com						1 Yes 2□			
00	25. Wes case referred to medical examiner?	Hospital:				eath (Check only one)			
	27. Manner of Death 1 □ Naturei 5 □ Pending	28a. Date of Injur (Month, Dey	Year) 28b. Tim	ne of 28c	: Injury at Work?	28d. Describe how injury of SUBJECT INGESTS			
Sertifica	30X Suicide 6 Could not	3-10-90	3-10-90 UNIVIONI			28f. Location (Street and City or Town, Stete)4 BELCAMP, MD.			
	29a. Certifler (C) (C) (C) (C) (C) (C) (C) (C								
M						29d. Date :			
	edical Certification: To Be Completed by Physician/Medical Examiner	19a. Informant's Name/Relationship Cheryl A. Vencil 20a. Method of Disposition 1 R Bunal 2 Cramation 3 4 Donation 5 Other (Special Signature Funcal Service Lease) 23a. Part Y. Enter the disease, or conshook, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying cause. Enter Underlying cause (Disease or Injury thet initiated evants rasulting in death) Lest Pert II. Other significant conditions Pert II. Other significant conditions 25. Wes case referred to medical examiner? Y Y Se 2 No 27. Manner of Death 1 Naturel S Pending investigatic investigatic determined 4 Homicide 29a. Certifler Could not determined	19a. Informant's Name/Relationship (Type, Print) Cheryl A. Vencill - wife 20a. Method of Disposition 1	19a. Informant's Name/Relationship (Type, Print) Cheryl A. Vencill - wife 20a. Method of Disposition 1	19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Acheryl A. Vencill – wife 4268 Cowar	198. Informant's Name/Relationship (Type, Print) Cheryl A. Vencill – wife 20a. Method of Disposition 1\text{Name} Buries 2\text{Cramation 3 } \text{Removal from State} \\ 4 \particle Donation 5 \particle Other (Specify) 21. Signature Funeral Service Licensee 22. Name and Address of Facility Howard K. McComas 50 W. Broadway State 4 \text{Medical Examiner} \\ 22a. Part's Enter the disease, or complications at caused the death. Do not enter the mode of dying, such as card shock, or heart failure. List only one cause on each line. Immediate Cause (Final Issues or conditions at a cause of the death. Do not enter the mode of dying, such as card shock, or heart failure. List only one cause on each line. COMBINED DRUG INTOXICATION			

1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Pax MARCH 1996 VENCILL 10:01P.M DAVID KEITH 4a. Facility Nama (If not institution, give street and numbar) 4b. City, Town, or Location of Death 4c. County of Death 4268 COWAN PLACE BELCAMP HARFORD COUNTY If Undar 1 Yaar If Under 24 Hrs.

Months Deys Hours Min. 5. Social Sacurity Number 7. Age (In yrs. iest birthday) Birthplaca (Steta or Foreign Country) 8. Data of Birth (Month, Day, Year) Months 1 M 2 □ F 32 Yrs 220-74-3375 Dec. 14,1963 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Harford Belcamp 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4268 Cowan Place 21017 USA 12. Was Decedent Ever in U,S. Armed Forces? Wes Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. Race - American Indian, 11. Marital Status Bieck, White, etc. 1 ☐ Yes 2X No If Yas, Giva 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: Specify: 3 Widowed 4 Divorced White Yaar or Dates: 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Painter Construction 17. Fethar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) ager er, City or Town, State, Zip Code) d. 21017 20c. Location - City or Town, State Fallston, Md. eral Home, P.A. l Air, Md. 21014 Approximate Interval Between Onset and Death tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown

> 24b. Were autopsy findings available prior to completion of causa of death? Yes 2□No 1 Yes 2□ No (enc dence 8 Other (Specify)

how injury occurred INGESTED DRUG

Street and Number or Flural Route Number, wn, Stete 4268 COWAN PLACE MD.

cause(s) and manner as stated. dete end place, and due to the cause(s)

29d. Date signed (Month, Day, Year)

MARCH 11,1996

IVU 111 Penn Street, Baltimore, Maryland 21201 rocke

State Registrar

____1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene 16 081, 5

					Cer	tificate of	Death	Be	eg. No.	08	400	
Physici	1. Decedent's Nema (First, Middle, Last) 2. Dete of Death								Yaer	3. Time of Death		
/Medi											12:20 pt	
Examir		4a. Facility Neme (If not institution,	giva street and num.	ber)			4b. City, Town, or L	ocation of Deeth	4c. County	y of Death		
		St. Mary's Nur	sing Cent	er			Leonardt	own	St.	Mary's		
Funeral Director		219-40-7694	6. Sex 7 1 ☐ M 2 ☆ F	7. Age (In yrs. 83		If Under 1 Year Months Days		6. Data of Birth (Month, Day, Oct. 22	Year) 2, 1912	9. Birthpiac Country) Misso	a <i>(Stat</i> a o <i>r Foreig</i> r uri	
the Maryland r 28a-f show		Usuel Residence of Decedent 10a. State 10b. County		10c. City	y, Town or Lo	cation					Insida City Limits	
Me Par	cto	MD St. Ma	ry's	Lex	ington	Park					1 ☐ Yas 2 Ø No	
4 th)Ire	10e. Street and Number				10f. Zip Code		1	0g. Citizen of	Whet Country	?	
15 w	a	P.O. Box 513				20653			U.S.A.			
72 hours effer deeth with the Maryland natural', or itema 23a or 28a-f show scal Examinat must be notined a	by Funeral Director	11. Maritai Status 1 ☐ Nevar Married 2 ☒ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Deced Armed Force d 1 Yas 2 If Yes, Give Yeer or Det	eas? 2 ∏ No		Was Decedant of I I Yes, specify Cub I ☐ Yes 2 No	Hispanic Origin? (Speen, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)		ca - Amarican ck, Whita, atc.		
Z IZ I D-UUZU d within 72 hours of glene. r then "netural", or r the Medical Exer-	Be Completed	15. Decedent's (Specify only highest			16e. Deced	lent's Usuei Occu kind of work done	pation during most of work	ing	16b. Kind of B	usiness/Indus	try	
withir than	dmc	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 4 College (1-4or 5+) Docent				od)		Sotter	y Found	dation		
ai Hygid	Ö	17. Fathar's Nema (First, Middle, L	ast)		Doce		18. Mother's Nem				lation	
s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked other other trsumetic event,	Be	Col. Emmett C.	. ,					ome (First, Middle, Maiden Surname) n Marie Wright				
2 should be and Mentals marked sumatic events	To	19e. informent's Name/Reletionsh			10h Mallin	o Address /Stree	t and Number or Rur			State 7in Co	rde)	
und 2 s alth an 27 is or or trau		Fletcher P. Ve										
1 and Health em 27 ther tr		20a. Method of Disposition	itten, Jr.			sition (Name of	Lexingto			Oity or Town.		
		1 ☐ Burial 2 ☒ Cremetion : 4 ☐ Donation 5 ☐ Other (Spe		tata	emetery, cren	natory or other pla						
permit. Peges Department of Important: If it any injury or o		21. Signatura of Funerel Sarvice Licensee 22. Nema and Address of Fecility Francis Gasch's Sons Funeral Home, P.A.										
		122 Part Falor the disease of	lesson	unani tha danti	47	39 Balti	more Aven	ue, Hyat	tsvill			
Physician		23a. Part1. Enter the disaasa, or o shock, or heart feilure. List o	ompicetions thet cal nly one cause on ee	ch line.	1. Do not ente	er tha moda of dy	ng, such as cardiac	or respiratory arre	951,	tnt	oproximata terval Between nsat and Death	
/Medical Examiner		Immediata Cause (Finel disease or condition resulting in death)	a Delu	deate	en & h	calmi	retion.				lul	
icate be assecuted physician and s the burial-transit	- e			Due to (o	r es e conseq	uence of):				ŧ	4	
	Examiner		b. Ina	Defeca	te	metal	_			2	ul.	
	xal	Sequentially list conditions, if any, leeding to immediate								i		
	Medical E	cause. Enter Underlying Cause (Disease or injury that initiated evants Dua to (or as a consequence of):										
ficate be ax g physician as the burial		Dua to (or as a consequence of): Recent Cerebry Uncerbay dent										
or Attending Physician: The law requires that the death certifier death. Director: After this certificate has been signed by the ettending in by the funeral director, page 2 should be detached for use an experience of the control			d Rece	ut c	ereli	worker	larace	cdèn (-		12	ul_	
	Ca									i		
	ysk	Pert ii. Other significant condition	contributing to dea	th but not resu	ulting in the ur	nderlying cause gi	ven in Pert I.	23b. Did to	bacco uss co	intributs to th	e cause of death'	
	pieted	by Ph							1 🗆 Yı	2 No	3 Probab	ly 4 ☐ Unknow
		24a. Was en autops performed?						n autopsy ned?	24b. Were autopsy findings evalleble prior to completion of cause of deeth?			
								1 □ Ye	s 20 No	1 🗆 Y	as 2 No	
		25. Was case referred to medical					26. Place of Deat	h (Check only on	θ)			
	To	examiner? 1 ☐ Yas 2 🕱 No	Hospitel: 1 ☐ Ing	patient 2	ER/Outpetien	t 3 DOA Ot	her: 4 Nursing Ho	me 5 ☐ Reside	nce 6 Oth	ner (Specify)		
		27. Manner of Death	28e. Dete of (Month,	Injury Day Year)	28b. Time of	28c. tnju Wo		26d. Describe ho				
	atio	1 Natural 5 Pending (Month, Day Year) Injury Work? 2 Accident Invastigation M 1 Yes 2 No										
	Sertific	3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)						26f. Location (Street and Number or Rural Route Number, City or Town, State)				
Hospital 124 hours Funeral idetaly filled	edical	29a. Cartifier (Check only one) Certifying 2 Medicat E.	Physician: To the base	is of examinat	wledge, deeth ion and/or inv	occurred at the ti restigetion, in my	me, dete end piece, opinion, deeth occur	end due to the ce red at the time, de	ouse(s) and mate and place,	anner as stete and due to the	d. e cause(s)	
Within 2 To the comple	Me	29b. Signature and little of certifier			2	29c. Licen	se number	25	9d. Date signe	ed (Month, Day	y, Year)	
E		1 line	1- Jen	unk	cu	7	00138	6	3-6	96		
	30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)											
		John Fenwick,	M.D. P.O	. Box	306. I.	eonardto	wn, Maryl	and 2065	0			
Sta	te	31. Data filed (Month, Day, Year)		gistrer's Signe								

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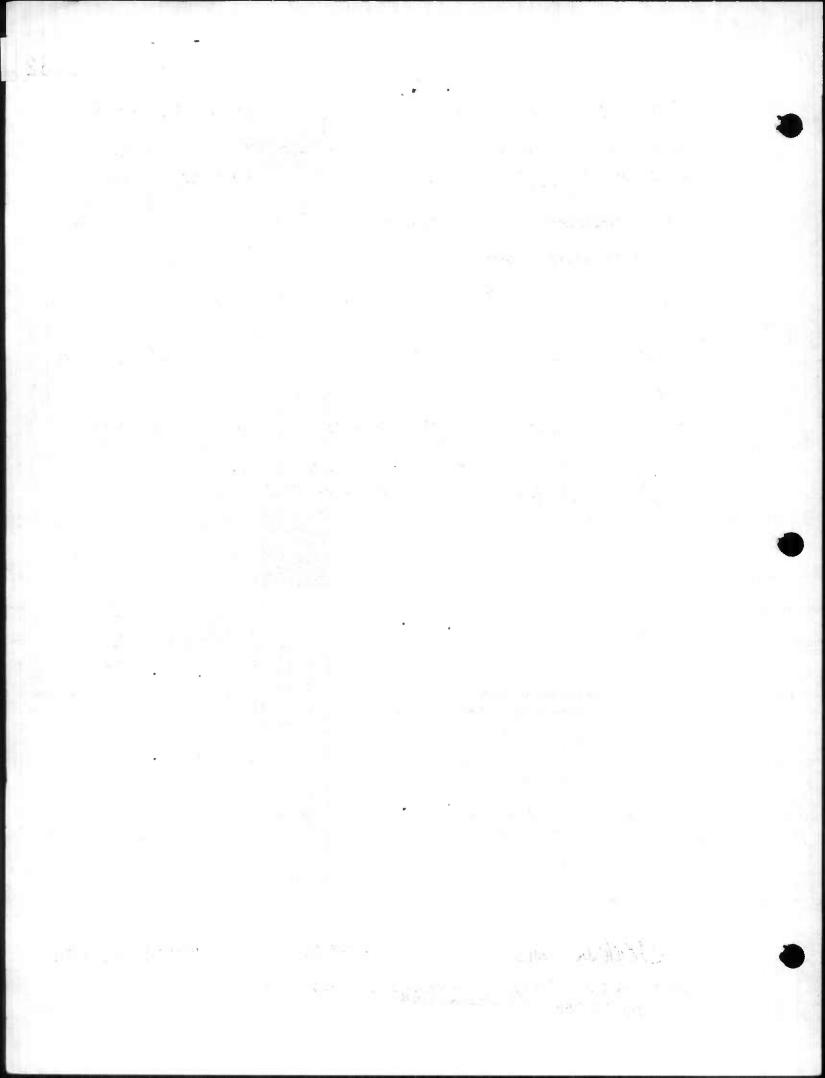
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State of Maryland / Department of Health and Mental Hygiene 96 08451

						Cert	ificate of	Douin		Reg. No.	* *	
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Medic/ Medic/ Examir	cal	MARY VI (4a. Facility Nama (If not insti	LA tution, givi	WID ME	-			4b. City, Town, or	MARCH	16,1	996	3:30 Am
LXamii	101	Williamsport	Nurc	sing Home			,	Williamsr	ort	Wash	ingt	on
uneral		5. Social Security Number	8. S	ex 7. A	ga (In yrs.	last birthday)	If Undar 1 Yaar Months Deys	if Undar 24 Hrs	8. Deta of Birt (Month, Da)	h Veerl		olece (Stete or Fo
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M H		10e. Stete 10b. Co	unty		10c. Cit	y, Town or Loca	ation				1	10d. inside City Li
- 8	to	MD Was	hingt	con	Wi	lliamsp	ort					1 X Yes 2 □
N 28	Director	10e. Street and Number					10f. Zip Code			10g. Citizen of V	Vhat Cou	ntry?
238		154 North A	rtiza	an Street			21795			USA		
al', or items 23a or 28a-f ehow Examiner must be notified at	by Funeral	11. Maritei Stetus 1 Never Merried 2 3 XWidowed 4 Divo		12. Wes Decedan Armed Forces 1 ☐ Yas 2 ② if Yes, Give Yeer or Detes	? No		as Decedent of Yas, specify Cub	Hispenic Origin? (Span, Maxicen, Puar Specify:	pecify Yas or No- to Ricen, etc.)	14. Race Bied Specify	k, White,	
tural and and and and and and and and and and	P		edent's Ed			16a Decede	nt's Usuel Occu	nation	1	16b. Kind of Bu		
netur	Completed	(Specify only h	ighast gra	de completed)		(Give k	ind of work done NOT use retire	during most of wo	rking	TOD. THIS OF DO	TO III TO GO III I	Country
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를 É		17. Fathar's Nama (First, Mic	idie, Last)			DECL	coary	18. Mothar's Ne	me (First, Middle,			TIDUCOL
P	To Be	Charles Al										
e marke eumatic	-	19a. tnformant's Name/Rele		Type, Print)		19b. Mailing	Address (Stree	t end Number or R	ural Route Numbe	r, City or Town.	Stete, Ziz	Code)
44		John H. Widm		• • • • • • • • • • • • • • • • • • • •				a Avenue			217	42
f item 27 or other tr		20a. Method of Disposition	cyer,		20b. P	lece of Disposi	tion (Neme of		Dete	20c. Location -	City or To	own, Stete
		1 ⊠ Buriai 2 □ Crema				*	story or other pla	1	100 100		1.00	
nlu		4 Donation 5 Other			Han		esbyter Nama and Addr		23/96 I	lancock,	_MD_	
Important: If any Injury or once.			101	(Gro	ve Fune	ral Home				
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edical miner	Ш	immediate Cause (Finei disaasa or condition		a ASPIT	LATIC	N	PNEUM	DNIA				6 DAYS
malei		resulting in death)				r as a consequ						
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hysicia the bur		If any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last	1	0.	Dua to (o	r as a conseque	ence of):					
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by the attendir ached for use	edical	cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		ontributing to death	but not res	ulting in the und		lven in Pert I.	23b. Did 1			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIENE	E	
	1. DECEDENT'S NAME (First, Middle, Lest)	MARGARET VY	ONA WELLS			2. DATE OF DEATH MONTH DAY	Y YE	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 522-18-7881	5. SEX 6. AGE (1	n yrs. last birthday) #	UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-23-07	0	IRTHPLACE (State or Foreign ountry) T. LUPTON, COL.
TOR	90. FACILITY NAME (If not institution, give et SNOW HILL NURSING RESIDENCE OF DECEDENT				W HILL		9c. COUNTY (
DIRECTOR	10a. STATE 10b. COUNTY	UECES		OWN OR LOCAT	27.5			10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 4362 DELANO				ZIP CODE 784 12			1 N YES 2 □ NO OF WHAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi			or No — 14. F	S. A. NACE — American Indian, Slack, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo:	N st of working	16b. KIND OF BUSI		
MP	12 17. FATHER'S NAME (First, Middle, Last)	4	SCHOOL T	EACHER			DUCATIO	ON
	GEORGE R. VICKI	ROY				L. JOCHMUS		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street at		oute Number, City or Town.)
۴	GEORGE ANNA HILTO	ON				ALISBURY, 1		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State came	PLACE AND DATE OF D stery, crematory or other CA STOR ME	nlanal		DATE 20c. LOC.	ATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE 1-0	SA SIDE ME	HOLLO	DADDRESS OF FACI WAY FUNER	RAL HOME, I	P.A.	
-	23. PART I. Enter the diseases, or co	molications that caused	the death. Do not	501 S	NOW HILL	ROAD SALT	ISBURY,	MD. 21804
	ehock, or heert fallure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ALZHA	CONSEQUENCE OF):			as cardiac or reapire		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST		CONSEQUENCE OF):					
CAL	PART II. Other eignificant conditions DXS PHAG		t not resulting in th	ne underlylng	cause given in P	24e. WAS AN AI PERFORM 1 1 YES 2	IED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI		HOSPITAL:	tient 3 DOA 43	HER:	ACE OF DEATH (Check			
BY PHY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	RY AT	28d. DESCRIBE NOW INJ	JURY OCCURED	
	3 Suicide S Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	– At home, ferm, street y)	t, factory, office	2	26f. LOCATION (Street and City or Town, State)	d Number or Rui	ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the basis of examination	dge, death occurred at and/or investigation, in	the time, date of	and place, and dua to ath occured at the tir	o the cause(a) end manne me, data and place, and	er se atated. due to the caus	e(a) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Hobworts	m.J.		29c. LICENSE NUMB		29d. DATE SIGN	IED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO DORN 774 Y 31. DATE FILED (Month Day, Year)	HOLZINO	IN (ITEM 27) (Type, Print	203	SNOW.	ST. SNOV	N HILL	8-96 MD, 21863
- 1	MAR 11 1996	12 HESISTRAMS SIGNAT	OF Rondall			25 - 197		·

× x A

Physician

1. Decedant's Nama (First, Middla, Last)

DICILADO

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

170141 077

Certificate of Death

2. Data of Death

Day

Month

3. Tima of Death

 Birthplaca (Stata or Foreign Country) Illinois

Approximata Interval Between Onsat and Death

10d. Insida City Limits 1 Yas 2 No

11:05 A.M.

	/Medic	al	RICHARD	DAL	E			WOMA	ACK			MARCH	1 1	199	6	11:05			
	Examin	_	4a. Facility Nama (If not institution	n, giva street and nu	m <i>ber)</i>					4b. City, To	wn, or L	ocation of Deat	th 4	c. County of					
			8101 CROOM	RD.						UPPE	R M	ARLBOI	30	Prin	ce (George's			
	Funeral Director		5. Social Security Number 579–88–5965	6. Sax 1☐ M 2☐ F	7. Aga (ast birthday) Yrs.	If Under Months	1 Yaar Days	If Undar		8. Data of Bi (Month, Do	rlh ey, Year	7)	9. Birth	placa (Stata or Fo			
	ъ		Usual Rasidance of Decedant												20 20				
	e Marylan	Director	10a. Stata 10b. County Maryland Prin				, Town or Lo per Ma		ro							10d. Insida City L 1 ☐ Yas 21			
	# 22 P	Te l	10e. Street and Number										itizan of Wh	izan of What Country?					
	th with		8908 Armstron	ng Lane			20772						US	A					
020	irs after dea	by Funeral	11. Marital Status 1 Navar Married 2 Mar 3 Widowed 4XX0ivorcas	M Van OL	2 No		l l	Vas Deced Yas, spec				ecify Yas or No Rican, atc.)	0-		Whita,				
2-00	72 hour		15. Decedar	it's Education st grada complated)			18a. Daced	18a. Dacedant's Usual Occupation (Giva kind of work dona during most of working Iffa. DO NOT use ratired) 16b. Kind of Bus						Kind of Bus		White			
2121	Deficiency Merylating ZIZI3-UUZU permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hyglene. Important: If item 27 is marked other than "natural", or Nems 23a or 28a-f show any injury or other traumatic event, the Medical Evans or must be notified at	Completed	Elamantary/Secondary (0-12)					loyed		mg	B	rick	Mason						
0		0	17. Fathar's Nama (First, Middla,	Last)				DETT-	mh			a (First, Middle				JII			
/lan	Mental Mental arked o	To Be	Doug		Womac	k			Mar	, in lines		erez							
Man	1 and 2 should I Health end Meni Bm 27 le merke ther traumetic		19a. Informant's Name/Reletions Mary E. Womack												, Stata, Zip Code) Md. 20745				
altimore, Maryland 21215-0020	Pages 1 and of Herinary or othe		20a. Mathod of Disposition 1XXBurial 2 Cramation 4 Donation 5 Other (5		Stata		aca of Dispo matary, cran	sition (Nan	na of othar pla	ice)		Data -96	20c. L	_ocation - C	ity or T				
Balti	permit. Pag Department Important: I any Injury o		21. Signature of Funaral Constant	Licensee		10.	22 G	Nama an eorge	e P.	kala	s Fu	neral H Oxon H	Home						
	Physician /Medical		23a. Part1. Entar tha disaasa, o shock, or haart failura. List	complications that conly one cause on a	causad th	a daath	. Do not ante	ar tha mod	le of dy	ng, such as	cardiac	or raspiratory a	arrast,	/		Approximata Interval Between Onset and Deat			
	Examiner	ner	disaasa or condition rasulting in deeth)	Com	Du	Ja to (or	s a conseq	uance of):	الم	One	8) hec	8	inp	MO				
90,	e executed dan and unal-trans	i Exami	Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that Initiated avents	b	Du	e to (or	es e conseq	uanca of):											
ox 68760,	certificate be executed nding physician and use as the bunk-transit	n/Medical Examiner	that Initiated avents resulting in death) Last	d	Du	a to (or	as a consequ	uance of):			-								

Physicia Parl II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 MUnknown by 24b. Wara autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 Nas 2□ No 25. Was casa raferred to medical axaminar?
1 X Yas 2 No Be 26. Placa of Death (Chack only ona) Other: 4 \square Nursing Home 5 \square Residence 6 XOthar (Specify) PARK Medical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding investigation Injury M 1 Natural 2 ☐ Accidant 3 ☐ Suicida 1 Yas 2 No 3-1-96 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide MARLTON COMMUNITY PARK 29a. Cartifiar 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

29c. Licansa number

O.C.M.E.

State Registrar

To the Mospital or Attending Physician: The law requires thet the death within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the atter completely filled in by the funeral director, page 2 should be deteched for

Division of Vital Records, P.O.

ted cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29d. Data signed (Month, Day, Year)

MARCH 2, 1996

31. Date file Ragistrar's Signature

29b. Signatura and title of certifier

30. Name and didre

,	1. DECEDENT'S NAME (First, Middle, Last))							MONTH		DAY	YEAR 3	TIME OF DEATH
-1	JAMES 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDE	B 1 VEAR	IF UNDER	1 24 MDC		RCH 4	1996	a BISTNO	4:55 ACE (State or Foreign
- 1	577-56-4374	1 1 M 2 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year)	1010	Country)	
	Sa. FACILITY NAME (If not institution, give	**	- 33		Dh. CIT	V TOWN	OR LOCATE	ON OF DE		ch l		Jama TY OF DEA	ica, NY
E		The second second	מ בומונג		9D. GH				AITI				
CTOR	NATIONAL NAV	MEDICAL CI	ENTER			15	BETHE	SDA	-		MO	NTGO	MEKI
<u> </u>	10a. STATE 10b. COUN	TY		10c. CIT	ry, town	OR LOCA	TION					1	od. INSIDE CITY LIMITS?
DIRE	Maryland Pri	ince Georg	ges		C	lint	on,	Marv	land			1	YES 2 NO
	10e. STREET AND NUMBER						H. ZIP COD				10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	7408 Acacia (Court				1		2073	5		Uni	ted !	States
5	11. MARITAL STATUS	12. WAS DECEDEN			13.		CENDENT (OF NISPAN	IIC ORIGIN		Yes or No -	14. RACE -	- American Indian,
- 11	1 Never Married 2 X Merried	IF YES, GIVE W	X YES 2 1	NO II yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:							Black		
5	3 Widowed 4 Divorced	2/27/70	- 7/31/	1/90									DIACK
ED	15. DECEDENT'S ED (Specify only highest grad		16e, DE	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working a. Do NOT use retired.)					16b.	KIND OF I	BUSINESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8	+) life	Chief Petty Officer						11	.s. Na	****	
2	12	1		Chief retty Officer						U	1.5. Na	vy	
COMP	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, A	Aiddle, Meid	ien Surname)		
ш	Frank E. Wilso	on			Bernice Clark								
8	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
01	Margaret R. Wilson/Wife 7408 Acacia Court Clinton, Maryland 20735												
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of cametary, crematory or other place)												
	4 Donation FT Other (Specify) Arlington National 3/12 Arlington, VA												
	22. NAME AND ADDRESS OF FACILITY Alexander S. Pope Funeral Homes												
	23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	TOUR.). 1 0	pey	1		553	8 Ma	rlbo	ro P	ke F	orestv	ille	Md 2074
	23, PART I. Enter the diseases, or shock, or heart fallers				not anta	553	8 Ma	rlbo	ro P	ke F	orestv	ille	Md 2074
	ahock, or heart failure IMMEDIATE CAUSE (Final				not anta	553	8 Ma	rlbo	ro P	ke F	orestv	ille	Md 2074
	ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition	e. List only one cau		a.		553 ir the me	8 Ma: oda of dy	rlbo	ro P	ke F	orestv	ille	Md 2074 Approximate Interval Between
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LT, MC, USNR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

KENNETH B. JOHNS
31. DATE FILED (MODIFIE). DOY 7 1996

CEAL

and the second

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

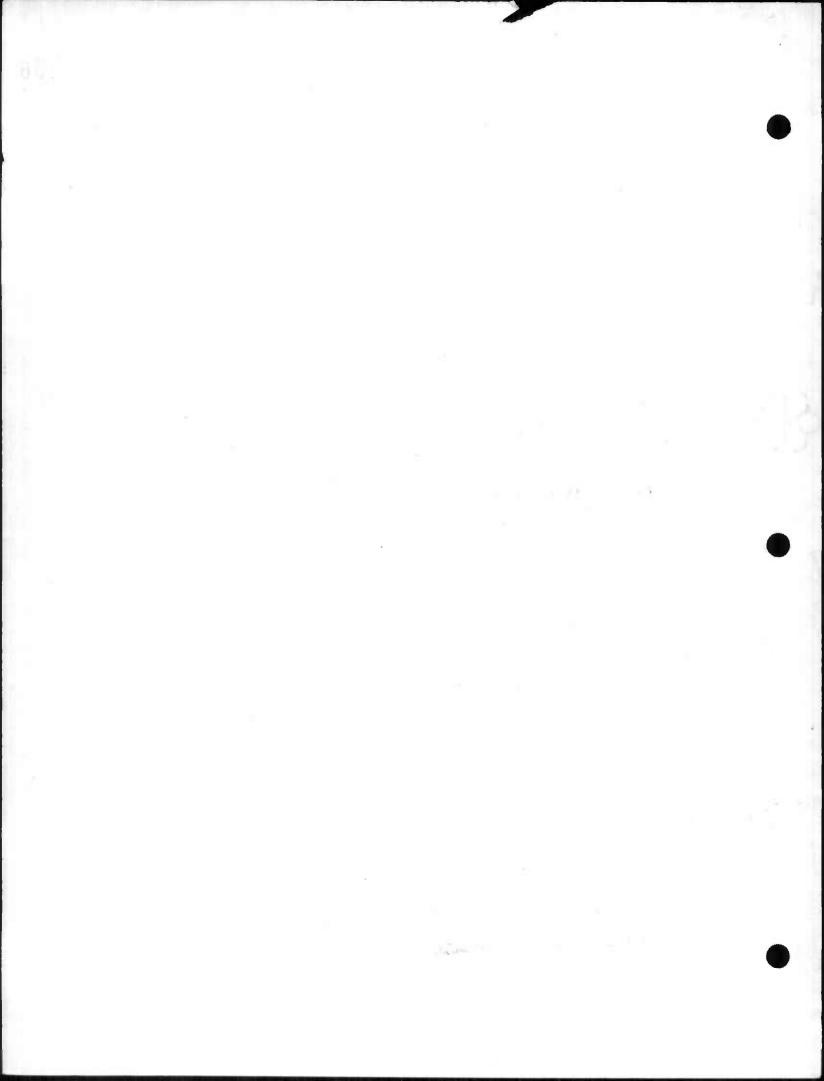
TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

Maryland Pr 10e. STREET AND NUMBER 5907–67th Aver 11. MARITAL STATUS 1 Never Married 2 Marries 3 Widowed 4 Divorced 15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, It Moses Snow 19a. INFORMANT'S NAME (Type/Fri	S. SEX 5. SEX 1 M 2 20 F 1 On the street and number) 1 tal NT COUNTY CINCE George's 12. WAS OCCEDENT EVER	41 VF 41 VF 10c R IN U.S. ARMED S 2 XNO R DATES	9b. city Lo	or Locati	IF UNDER 24 HOURS M	M. O	REG. NO. DATE OF OEATH ANNH DATE OF BIRTH Month, Day, Year) 5-17-19	996 54 9c. COUI	* BIRTHPI Country) SOUT!	B. TIME OF DEATH 9:10P LACE (State or Foreign Carolina NTN EORGE'S Od. INSIDE CITY LIMITS?
4. SOCIAL SECURITY NUMBER 157-50-5679 9a. FACILITY NAME (If not institution DOCTOT'S HOSE RESIDENCE OF DECEDE 10a. STATE 10b. Maryland Pr 10c. STREET AND NUMBER 5907-67th AVER 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced 15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, L. MOSES Snow 19a. INFORMANT'S NAME (Type/Pri	5. SEX 1 M 2 X F 1, give street and number) 1 tal NT COUNTY INCE GEORGE'S 14UE 12. WAS OCCEDENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	41 VF	9b. city Lo	or Location dale	HOURS M	M. O	DATE OF BIRTH	996 54 9c. COUI	a. BIRTHPI Country) Sout!	LACE (State or Foreign n Carolina NTN eorge's
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(Specify only higher Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, L MOSES Snow 19a. INFORMANT'S NAME (Type/Pri	st grade completed)	16a. DECEDE				exican, Pu	erto Rican, etc.)	Of NO.		- American Indian, White, stc. Black
Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, L MOSES SNOW 19a. INFORMANT'S NAME (Type/Pri			NT'S USUAL C	OCCUPATIO	Ň		16b. KIND OF BUS	INESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, L MOSES Snow 19a. INFORMANT'S NAME (Type/Pri		life. Do N	d of work done OT use retired.))))	st of worlang		Design 1			
Moses Snow 194. INFORMANT'S NAME (Type/Pri		Corp	orate	Assi	stant		Privat	e		
19a. INFORMANT'S NAME (Type/Pri	est)				16. MOTNER	S NAME (First, Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Pri					Jar	nie	Pressle	ey		
C11 1	nt)	19b. MAI	LING ADDRES	SS (Street ar	nd Number or I	Rural Floute	Number, City or Town	n, State, Zip	Code)	
Stanley J. Wi	thers	590	7-67th	h Ave	nue, l	River	dale, Ma	aryla	nd 20	737
20s. METHOD OF DISPOSITION		20b. PLACE AND D	ATE OF DISPO	SITION (Na		T	DATE 20c. LO		City or Tow	
1 Burial 2 Cremation 3 4 Donation 5 Other (Speci	Contraction of the Contraction o	BayView				03/	08/ Jer	sey	City,	ŊJ
21. SIGNATURE OF FUNERAL SER			22	. NAME AN	D ADDRESS (Υ			
Nancy	A. Percentie						UNERAL Hoad, Lan		r, MD	20785
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	FOSSIB.	S A CONSEQUENT	RNAI CE OFI: SAPS	MIA						1 day 24-48h
PART II. Other algorificant co	d. Inditions contributing to death	_	YES 🗆	NO 🗆			PERFOR	MED?		WERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		OTHE	ER:						
1 YES 2 NO 27. MANNER OF DEATN	1 Cinpatient 2 ER/C		OA 4 NO	_		-	Other (Specify)	M III IRW AA	CHIDED	
1 Netural 5 Pendi	(Month, Day, Yea		INJURY		URY AT RK? 'ES 2 N		d. DESCRIBE HOW I	NJURY OC	COHED	
2 Accident Invest 3 Suicide 8 Could 4 Homicide determ	not be 28s. PLACE OF INJU- building, etc. (5	JRY — At home, t Specify)	arm, street, fa	ictory, office		281	City or Town, State)		or Rural Ro	ute Number,
COTTOON OTHY	BYXND	ING A	PKYS/(st the time	, date and place, ar	d due to ti	ne cause(a)	and manner as steted. Month, Day, Year)



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE (F OEATH			3. TIME OF DEATH
	Mary Ann	e Rei	11v Wil	kinson						Febru	D	9, 1	996	1:30 A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE C	F BIRTH	., .		HPLACE (State or Foreign
	579-46-5445		1 M 2 X F	59	YRS.	MONTHS	DAYS	HOURS	MIN	(Month,	Day, Your)	1036	Count	hington, DC
	9a. FACILITY NAME (If not in	stitution, alve s	treet and number)		220	9h CIT	(TOWN (OR LOCATI			1. 4,		NAS	
Œ	4308 Claget							sity						
DIRECTOR	RESIDENCE OF DEC					011	Ivei	SILY	rai	K		PII	nce	George's
8	10a. STATE	10b. COUNTY	r		10c. CIT	ry, TOWN	OR LOCA	TION						10d, INSIDE CITY
8	Maryland	Princ	e George	¹s	Un	iver	sitv	Par	k					LIMITS?
	10e. STREET AND NUMBER							. ZIP COD				10a, CIT	IZEN OF	WHAT COUNTRY?
3	4308 Claget	t Road						2078	2			U.S		
FUNERAL	11. MARITAL STATUS	- Houd	12. WAS DECEDER	IT EVER IN U.S.	ABMED	112	WAS DEC			UC OBIONI	(Specify Ye			E — American Indian,
	1 Never Married 2 🔀	Married	FORCES?	YES 2			If yes, sp	ecify Cube	n, Mexica	n, Puerto Ri	can, etc.)	01.140	Blac	k, White, etc.
B	3 Widowed 4 Divo	rced	IF YES, GIVE	MAH OR OATES		1 TES 2 X NO Specify:						Spec	White	
		EDENT'S EDU		18a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BU	SINESS/INI	DUSTRY	WILLEC
	(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	41	(Give kind of life. Do NOT u	work done se retired.)	during mo	ost of working	ng	35500				
4	aromormal yrosocioan y (c	,_,	4		ct His	tori	an			Na	tiona	1 Ga	ller	y of Art
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						16. MOT	HER'S NA		ddle, Maiden			J
	John Joseph	Reil1	v					1 1 1 1 1		Mari		ımm		
B	19a. INFORMANT'S NAME (7		J		19b. MAJLING	ADDRES	g /Street s						- Cod-1	
2	George A. W		on. Ir											20782
	20a. METHOD OF DISPOSIT		on, or.	205-014	CEANDDATE				, 011		20c. LO			
	1 ☑ Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	ovel from State	cemetery.	crematory or o	other plecel			2/0					
	21. SIGNATURE OF FUNERA		CENSEF	_ Sacr	еа не	art	eme	tery	3/04	2/199	plans	nwood	1, Ma	aryland
	10	Λ				Fr	anci	s Ga	sch	s Sor	s Fun	eral	Hom	e, P.A.
	W. 2	1.6	eiser											MD 20781
	23. PART I. Enter the di	seases, or o	complications the	it caused the	death. Do	not enter	the mo	de of dy	ing, suci	h aa cardi	ac or resp	iratory ar	real,	Approximate
- 1	iMMEDIATE CAUSE (FIR		List only one car								1	. 1	1	Onset and Death
	disease or condition	→	. (la	ran	omia	0 0%	6	rea	st.	met	250	e do	102	240 7 415
ı	resulting in destin		OUE TO	(OR AS A CON	SEQUENCE O	ice of breast metastore of brang one and							11.	
Z			. (ANC	9 R	0	F	131	281	ST				11 412
CERTIFICATION	Sequantially list conditi if any, leading to imme-	diate		(OR AS A CON										
2	cause. Enter UNDERLYI CAUSE (Disease or Inju		c											
E	that initiated events resulting in death) LAS		DUE TO	(OR AS A CON	SEQUENCE O	F):								
8	resolding in death) LAS		d											
0	PART ii. Other algnifice	nt condition	a contributing to	death but no	of resulting	in the III	derivin	O COURS (niven in	Part I	24a. WAS AN	AUTOBEV	240	. WERE AUTOPSY FINDINGS
MEDICAL							100117111	a conno	914011 111		PERFOR		246	AMILABLE PRIOR TO COMPLETION OF CAUSE
<u>a</u>										-	1 TYES 2	Diffe		OF DEATH?
- 1														1 TES 2 NO
ž	DID TOBACCO U		RIBUTE TO CA					3 UNC	ERTAIN	4 D				17
ᅙ	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:	26. PI	LACE OF DEA	TH (Check								
YS	1 TES 2 NO		1 Inpetient 2		3 DOA	4 🗆 Nur	sing Hon	10 5 R	sidence	8 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH	D. de	28e. DATE Of (Month, L	INJURY Pay, Year)	28b. TIN	IE OF JURY	28c. INJ WC	URY AT		28d. DE\$0	RIBE HOW I	NJURY OC	CURED	
β		Pending Investigation				М		YES 2	NO	-				
		Could not be	28e. PLACE (building.	OF INJURY — At etc. (Specify)	home, farm,	street, fac	tory, offic	•		28f. LOCA City of	TION (Street Town, State)	and Numbe	r or Rurel	Route Number,
	4 Nomicide	determined								_				
2	29a. CERTIFIER 1 CERT	IFYINO PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the t	lime, date	and place	, and due	to the caus	e(a) and mei	ner as sta	ted.	
COMPLETED														a) and menner se stated.
	296. SIGNATURE AND TITLE	ог сеятиче	6/					29c. LICI	ENSE NUN	4BEA		29d. DAT	E SIGNED	(Month, Day, Year)
BE	10-16	' /	Kones	0, 4	D			25	-7-	7 -	Dr	•	2	-1-91
2	30. NAME AND ADDRESS OF	PERSON WH				, Print)		0 1	- 1		,-)	, , ,
	JUSEPH		ERO, M		4830	2	V	57	. /	NW	I)C	2	20007
	MAR 06	1996	James and	AR'S EIGNATUR	while									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OHMH-18 Rev 1/89

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STATE OF MARYLAND /	DEPARTMENT 0	F HEALTH AI	ND MENTAL	HYGIEN
CI	ERTIFICATE (OF DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
t. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 578-46-7547 9. FACILITY NAME (If not institution, give sit	1 🗆 M 2 💢 F	n yrs. lest birthdey) IF UNI 89 YRS. MONTH		January 21, 1907	
	eet and number)	96. C	ty, town or location of D Lanham		nty of DEATH nce George's
10e. STATE 10b. COUNTY	George's	10c. CITY, TOW	on Location Seat P1	easant	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
			101. ZIP CODE		ZEN OF WHAT COUNTRY?
106. STREET AND NUMBER 105 69th Street 11. MARITAL STATUS 1 Never Merried 2 Merried 3XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? t YES	2 NO		NIC ORIGIN? (Specify Yee or No— an, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EQUE (Specify only highest grade) Elementary/Secondary (0-12) 2 Ch Grade 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	18e. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire HOUSEWIFE	ne during most of working	166. KIND OF BUSINESS/IND	
	n		16. MOTHER'S N	AME (First, Middle, Maiden Surneme) Sarah Brown	
199. INFORMANT'S NAME (Type/Print) Mr. Mark E. Faison (G	randson)	196. MAILING ADDR 105 69th	Ess (Street and Number or Rural Street Seat Ple	Route Number, City or Town, Stete, Zip easant, Maryland 20)743
20e. METHOD OF DISPOSITION 1 Burlel 2 Coremation 3 Remo 4 Donastion 7 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LIC	oval from State	PLACE AND DATE OF DIS NES APEAKE OF THE UNE	natory, Inc.	2/15/96 Beltsvil ATTHOME, Inc. ice, N.E. Washingto	lle, Maryland
IMMEDIATE CAUSE (Final disease or condition	omplications that course on end of the cause on end of the cause on end of the cause on end of the cause on end of the cause on end of the cause on end of the cause on end of the cause on end of the cause on end of the cause o	ach line.	dial in E		Approximate interval Between Onset and Death
resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	0.14 10.16		days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	£	CONSEQUENCE OF):			
PART II. Other algolificant condition	a contributing to deeth b	ut not resulting in the	underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONTI		26. PLACE OF DEATH (Ch	ack only one)	IN 🗆	
1 VES 2 NO 27. MANNER OF DEATH 1 No Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 Reeldence 28c: INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW INJURY OCC	CURED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, street,		261. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
const unity				ue to the ceuse(s) end manner ee star ne tima, date end place, end due to th	
296. SIGNALIA	- MD		29c. LICENSE NI D 262	230	TE SIGNED (Month, Day, Year) 2 13 96
30, NAME AND ADDRESS OF PERSON WH MANGAL KATIKIA	O COMPLETED CAUSE OF DE /EN 6 46 5 32 REGISTRAR'S OGN	KENIWOY	th Ave Ri	verdale	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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BALTIMORE, MARYLAND 21215-0020

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REC	3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	JEAN				2. DATE OF DE	ATH DAY	VEAD	3. TIME OF DEATH
	ELIZABETH	JEAN	VVH	RDIT	1//	MARCH	04	96	2220 M
	4. SOCIAL SECURITY NUMBER 5. SEX		s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day,)		8. BIRTNE Country	PLACE (State or Foreign
	377 12 0077	12 XF 76	YRS.	WONTHS DATE	HOURS WITE,	MAR. 21		IND	IANA
	9a. FACILITY NAME (If not institution, give street and r	number)		9b. CITY, TOWN	OR LOCATION OF DE	HTA	9c. COU	NTY OF DE	EATN
5	DEATON SPECIALTY HOS	PITAL & HON	ME	BALT	IMORE				
[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
DIRECTOR	MARYLAND		RA	LTIMORE					LIMITS?
	10e. STREET AND NUMBER				1. ZIP CODE		10g. CIT		HAT COUNTRY?
E	611 S. CHARLES STREET	Т			21230		UNI	red s	TATES
FUNERAL	11. MARITAL STATUS 12. WAS	S DECEDENT EVER IN U.S RCES? 1 \(\text{YES} \) 2			CENDENT OF HISPAN			14. RACE	- American Indian, White, etc.
BY F		ES, GIVE WAR OR DATES			secify Cuben, Mexica S 2 X NO Specify		ric.)	Specify	y:
	16. DECEDENT'S EDUCATION		DECEDENTIA	HOUSE CONTRACT	001	Take William	A	DUARRY	WHITE
12	(Specify only highest grade completed	d)		USUAL OCCUPATI vork done during m se retired.)		166. KIND	OF BUSINESS/IN	DUSTRY	
P. E.	Elementary/Secondary (0-12) College	9 (1-4 or 5+)	SECRETA	ARY/PIAN	TST	II.S.	GOVERN	MENT	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	~	JIGICIA	11(1) 1 1111(18. MOTHER'S NA			113111	
BEC	HAROLD RILEY SMALLEY				HAZEL M	ARIE CON	MPTON		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City	or Town, State, Zi	p Code)	
2	JOANNE MCGREGOR, DAU	GHTER	12800	CLIFTON	CREEK DI	RIVE, CI	LIFTON,	VA	22024
	20a. METHOD OF DISPOSITION 1 ☒ Burlel 2 ☐ Cremetlon 3 ☐ Removal fron		ACE AND DATE (OF DISPOSITION /A	lame of	DATE	20c. LOCATION -	City or Tox	wn, State
	4 Donation 6 Other (Specify)	FOF	RT LINC	COLN CEM			BRENTWO	OD, M	ARYLAND
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	/	1		LINCOLN		HOME,	INC.	
	Sisa X - AU	MOON	/				-		MD 20722
200	23. PART I. Enter the diseases, or complice shock, or heart fellure. List only	ations that caused the	e death. Do r	not enter the m	ode of dying, euc	h ae cerdiec o	r reapiratory ar	reat,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel	7 /							Onset and Death
2	disease or condition resulting in death)	vonchapme	eumo	ma					3 wiles.
		DUE TO (OR AS A CO	NSEQUENCE O	F):					
CERTIFICATION	Sequentielly list conditions,	DUE TO (OR AS A COI	NSEQUENCE O	F):					
N A	If any, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEOUENCE O	F):					
	resulting in death) LAST								
	PART II. Other eignificent conditions contri	ibuting to deeth but r	not resulting	in the underlyi	ng ceuse given in	Part i. 24s. \	MAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	Ottemorosis.					1	YES 2 TO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ ' '	TES 2 (IPNO		OF DEATH?
WE.	DID TOBACCO USE CONTRIBUTE	E TO CAUSE OF [DEATH YE	S NO [UNCERTAI	N D			
IAN	25. WAS CASE REFERRED TO MEDICAL	26.1		TN (Check only one					
YSIC		PITAL: patient 2 □ ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 - Nursing No	me 5 🗆 Residence	6 Other (Spec	elfy)		
. 7	_/	Be. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE	HOW INJURY O	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be determined	Be. PLACE OF INJURY — I building, stc. (Specify)	At home, term,	street, factory, off	ce	28f. LOCATION City or Town	(Street and Numbers, State)	er or Rural R	loute Number,
ETE									
BE COMPLETED	29a. CERTIFIER (Check only one)								
	2 MEDICAL EXAMINER: On the	e beels of examination an	d/or investigation	on, in my opinion,	death occured at the	time, data and p	lace, and due to t	the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPI	FTED CAUSE OF DECT	(ITEM AT) (See	Drint)	1178	04		nurch	-011776
	Bearing Talor MAL	(V) LII	(PLO	Men 17	Be Hi	1000 1	m. >13	230	-5,1996
		2. REGISTRAR'S SIGNATU	IRE	7101		1014 /4	4 - 1	~	
	4400	withor Kardal	4						

NEW TOTAL THE PARTY

	1	St	e or Print in Bl ate of Maryland						Na 0.8	459
Amend:	20	1. Decedent's Name (First, Middla, Last)	6 CR	Certi	ficate of	Death	O Date of D	Reg. No.	, 00	Time of Doub
Physic		1	ms				2. Date of D Month	Day	Year 3.	7 20 AM
/Med Exami		4a. Facility Name (If not institution, give street				4b, City, Town, or L				, MAIN (
	Н	Hyptsvilla Hand		inte	f Undar 1 Yaa	Hypth 8V		Him	ce Georg	
Funeral Director		772-87-9744 1DM: Usual Residence of Dacedent	30	Yrs.	fonths Days		6. Date of B	ay, Year)	9. Birthplaca Country) NASMIK	(Stata or Foreign
020 hurs efter deeth with the Manylan at, or items 23e or 28e-f show Examiner must be northind at	Director	Maryland Prince GE	10c. City,	Hehall	ion // / 10f. Zip Code			10g. Citizan of V	1	nside City Limits □ Pes 2 □ No
ith with		3501 RIPPLING B	mode CT		7 1	1771			Kan our	U.S.A.
ter deetil	Funeral	11. Marital Status 12. W	as Decedent Ever In U.S. med Forcas?	13. Wa	s Decedent of	Hispanic Origin? (Sp ban, Mexican, Puarto	pecify Yes or N	o- 14. Rac	e - American Ir ck, Whita, atc.	
15-0020 72 hours efte	by	1 ☑ Never Married 2 ☐ Married 1 If 3 ☐ Widowed 4 ☐ Divorced Y.	Yes 2 No Yes, Giva ear or Datas:	1□	Yas 25 No	Specify:	, (11021), (100.)	Specify	Blac	k
212 d within giene.	Completed	15. Decedent's Education (Specify only highest grada com Elementary/Secondary (0-12)	plated) plated) plated (1-4or 5+)	(Giva kin life. DO	t's Usual Occi d of work don NOT use retir	e during most of worl ed)	king		vate	
Maryland 212 d 2 should be filed with th end Mentel Hygiene. 7 is marked other than traumatic event, that	To Be	17. Father's Nama (First, Middle, Last) Alvin W	Miams			18. Mother's Nam	ey W	AILL.C	ms C	ineal
M 25 Pd 2 27 7 19 19 19 19 19 19 19 19 19 19 19 19 19		19a. Informant's Name/Relationship (Type, P. Angela Williams 20a. Method of Disposition	Sister:	19b. Mailing / 356\ ee of Dispositi	Ripp	ling Bro	ok Ct	. Mutch	reurill	e 2012
timol		12 Burial 2 □ Cremation 3 □ Remov 4 □ Donation 5 □ Other (Specify)	al from State	natary, cremet	ory or other pl		3/a/96	Land	Lover 1	Md
Balti pemit. Departm troportal any Inju		21. Signature of Funeral Sarvice Licensee	+'	22. N		ass of Facility En Kins		reral 1		
tificate be executed the provided and physician and the burial-transit as the burial-transit.	cai Examiner	23a. Part1. Enter the disease, or complication shock, or heart failure. List only one cauling the cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated awants	Sapra Due to for a Due to for a	s a conseque s a conseque	nce of):	Faulure	or respiratory	arrest,	App	d 2018
Box 68760 seth certificate be a attending physiciar for use es the buri	Medi	resulting in death) Last	Dua to (or a:	s a consequar	ica oi).					
Box seth cert attendin for use	lan	d								
P.O. at the dat the datached	by Physician/Medical	Part ff. Other significant conditions contributions WASHING Syndrome	ng to death but not resulting					l tobacco use co Vfee 2□ No	atribute to the	
aw requ	Completed b	Active Hypotitis					24a. Wa	s an autopsy ormed?	availab	utopsy findings le prior to tion of cause n?
The lav	Com						10	Yas 2000	1 □ Ye	s 25/No
Vital I	Be	25. Wes case raferred to medical examiner? 1 Yes 2 No Hospite	al:		0	28. Place of Dea				
ion of Vita	ation: To	1 Tes 28/140	1 Inpatient 2 LEF	NOutpatient Bb. Time of Injury	28c. Inj	4 M Nursing H		how Injury occur		
DIVISION To the Hospital or Attent within 24 hours after deat To the Fureral Director: completely filled in by the	Certification:	3 Sulcide 6 Could not be detarmined 284	Place of fnjury - At home building, etc. (Specify)	e, farm, street	, factory, office		28f. Location City or To	(Street and Numb own, State)	per or Rural Ro	ite Number,
n 24 houn n 24 hou ne Funer pletely fil	edicai	29s. Certifiar (Check only one) 1 Certifying Physicien: 2 Medical Examiner: O all	To the best of my knowle in the basis of axamination and manner stated.	edge, death od n and/or inves	curred at the tigation, in my	ime, date and place, opinion, death occur	and due to the red at the time	cause(s) and ma , dste and place,	annar as stated and due to tha	cause(s)
To the To the complex	×	29b. Signature and titla of certifier			-	sa number		29d. Data signe		
		Mark S. A	unny		Do	44777		MARCH &	1 1996	
		30. Nama and address of person who complet Maruthi S. Manne 31. Date filed (Month Dev. Year)			uusg	1447777 rove Rd	. # 20	5 511	ier Sp nd 2	171ng
Sta Regist		31. Date filed (Month, Dey, Year)	22. Registrar's Signatur	1						

DHMH 16 Rev 6/95

Edward water the city deed to

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32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Aff be filed within 72 hours after de: IMPORTANT: If Item 28 is r

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	ifficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa		
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ppTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	R: Aft	er de	IS I
ATTE	SECTO.	irs aft	m 28
AL OF	AL DIE	2 hou	If Ite
DSPIT	FUNERAL DIRECTOR: After this certificate ha	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH YEAR RAYMOND J. WEINMANN, SR. march 1996 2000 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 66 141-20-5367 1 X M 2 - F 8/2/29 NJ 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10s. STATE 10d. INSIDE CITY MD Worcester Berlin 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2740 Ocean Pines 90 White Horse Dr. USA 21811 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced white WW II 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Teacher High School Educator 4 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme) Raymond Wilson Weinmann Margaret Ryan 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Yolanda Weinmann 2740 Ocean Pines Berlin, MD 20s. METHOD OF DISPOSITION
1 X Burist 2 Cremstion 3 Removal from State
4 Donation 6 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Evergreen clerk Cemetery 3/11/96 Berlin, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heert fellure. List only one cruse on each lins. 23. PARTH, Enter the Approximats Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Myo cardin resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Ather scleratio Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 XNO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 Ninpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending M 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. CHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) D41813 Eleve. nela 36. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Pine Bluff MO

• (4)

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit is State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

James A.

Sterling, M.D.

COMP	one) / -	AN: To the best of my known On the basis of examination				time, data and place, an	d due to the cau	NED (Month, Day, Year)	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	5 Pending Investigation M 1 YES 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					and Number or Rui	ral Route Number,	
PHYSICI	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: I Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. Til	OTHER: 4 Nursing 4E/OF 280 JURY 280	8. PLACE OF DEATH (CI Home 6 Residence INJURY AT WORK?		NJURY OCCURED)	
IN: MEDICA	COLCUMON 25. WAS CASE REFERRED TO MEDICAL		to Ga	elle.	ledder	PERFOR		240. WERE AU ID-SY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
. CERTIFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d. PART II. Other significant conditions	DUE TO (OR AS	A CONSEQUENCE O	HF):	Iving sause given in	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cerebral	Valantine.	la	ecciolis		atory arreat,	interval Between Onset and Death	
ŀ	20a. METHOD OF DISPOSITION 1 Remov I Remov Rem	Shaw, Jr.	auf	e Memor 22. NAM Bra	rial Park—3 E AND ADDRESS OF FA Idshaw & So W. Main S	3/12/96 C Count Ons Funeral St Crisfi	eld, MD	d, MD	
٤	Madeline Daugherty		2666	01d S	State Rd	- Crisfield			
BE	William Keyser 190. INFORMANT'S NAME (Type/Print)		195 MAII ING	Annuess /s	Er	AME (First, Middle, Meiden Tawes Route Number, City or Town			
COMPLETED	15. OECEDENT'S EQUCA (Specify only highest grade or Elementary/Secondary (0-12) Grade 6 77. FATNER'S NAME (First, Middle, Leet)	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of Me. Do NOT u	work done durir rse retired.)	g most of working	16b. KINO OF BUS		Y	
BY FL	9 Ritchie Blvd. 11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If ye	218: OECENOENT OF NISPA I, specify Cuban, Maxic YES 2 NO Specif	NIC ORIGIN? (Specify Yee en, Puerto Rican, etc.)	or No- 14. R	ACE — American Indian, lack, White, stc.	
	Maryland Son	merset		Cı	isfield 101. ZIP CODE		10g. CITIZEN OF		
	Alice Ryrd Taw RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	es Nursin		Cr:	sfield, M)	Som	10d. INSIDE CITY	
	217-09-5857 9e. FACILITY NAME (If not institution, give stre	1 M 2 X F	87 YRS.	MONTHS DA	YS HOURS MIN.	Jan. 21, 1	Co	Virginia	
		Watson SEX SAGE	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	MONTH DATE OF BIRTH	199	6 4:30 P A	
_00						2. DATE OF DEATH		3. TIME OF DEATN	

who completed cause of Death (ITEM 27) (Type, Print)
erling, M.D. - 320 W. Main St. - Crisfield, MD

11.02 White the test of the started with

Please Type or Print in Black Indelible Ink. Assure All Copies Are Lothia

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Arnett Mann Wilfong February 28, 1996 7:45 P.M. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick 6. Sex 1 △ M 2 □ F ff Undar 1 Yaer | If Undar 24 Hrs. | 8. Dete of Birth Months Days Hours | Min. (Month, Day, Year) 5. Social Security Number Birthplece (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** Days Yrs Director 292-14-2161 81 Nov. 16, 1914 West Virginia Usual Rasidence of Decedent the Manylend 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinet must be notified at Maryland Frederick Frederick 1 □Nyes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1302 North Market Street 21701 U.S.A. death Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 14. Race - Amarican Indian, Bieck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or the any injury or other traumatic event, the Medical Examinate. 1 XYes 2 No If Yes, Giva Year or Detes: WWII 1 Naver Merriad 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Q Q Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8 Educator Education 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be Elva M. Wilfong Rica Tenney 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Dorris E. Wilfong (Wife) 1302 North Market Street, Frederick, Maryland 21701 20b. Piece of Disposition (Name of cematery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Sfete 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Mount Olivet Cemetery 3/2 Frederick, Maryland 22 Name and Addrass of Eacility & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK, MD 21701 e death. Do not enter the mode of dying, such es cardiec or respiretory errest, Approximete Intervai Between Onset end Death **Physician** /Medicai Immediate Ceusa (Final disease or condition resulting in deeth) Hemowhapic STROKE Examiner ASCUD physician and the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaase or injury thet initieted events resulting In deeth) Last DIABETES MELLITUS Box 68760, Physician/Medical Due to (or es e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPERTENSION p 24b. Were autopsy findings evalleble prior to completion of cause of daeth? 24a. Was an autopsy performed? Completed Deen certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?
1 ☐ Yes 2 ☑ No 26. Pieca of Daath (Check only one) Hospital: 1 Inpatiant 2 ER/Outpetient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 this funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. Injury et Work? After i or Attending F after death. Director: After 1 Neturel 5 Pending 1 ☐ Yas 2 ☐ No 2 ☐ Accident Investigation 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homlcide To the Hospital of within 24 hours a To the Funeral D 12 Certifying Phystotan: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) and manner stated. edical 29e. Certifiar (Check only one) 29b. Signatura and title of 29c. Licansa number 29d. Data signed (Month, Dey, Year) Straw 31912 30. Name and eddrass of person who completed causa of death (Itam 23e) (Type, Print) M.D /1964 Oposumboun Pike - Hederick mD 21702

State Registrar MENOCAL

31. Dete filed (Month, Day, Year)

MAR 01

32. Degistrer's Signeture

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Day **Physician** 1996 Albert /Medical Windsor March 7, 10:55 A 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Calvert Memorial Hospital Prince Frederick Calvert If Under 1 Yaar If Undar 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) March 24, 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** Months Days 1 M 2□ F 578-01-0839 85 1910 Maryland Yrs Director Usual Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Madical Exeminer must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Charles LaPlata 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with P.O. Box 111 20646 United States permit. Pages 1 and 2 should be filed within 72 hours efter deeth v Department of Health and Mental Hygiene. Important: if flem 27 is marked other than 'netural', or items 23a any Injury or other traumatic avant Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexicen, Puerto Ricen, atc.) 11. Maritai Status 14. Raca - Amarican Indian, Biack, White, atc. 1 □ Yas 2 ☑ No If Yes, Give Yaar or Dates: 1 ☐ Never Married 🏋 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify Ą 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Shipping Clerk Ford Lumber Company 7th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 2 Albert W. Windsor Elizabeth Wilson 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thelma Cease P.O. Box 111, LaPlata, Maryland 20646 20b. Piace of Disposition (Name of comatary, cramatory or other place) March 11,01996 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 □ Cremation 3 □ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Epiphany Episcopal Cemetery Forestville, Maryland 22. Name and Addrass of Facility Lee Funeral Home, Inc 6633 Old 21. Signature of Funaral Service Licensee Alexandria Ferry Road, Clinton,Md 20735 Delle Entar tha disaase, or complications that caused the death. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** Lowa Robe 200 /Medical Immediate Cause (Final disaasa or condition resulting in death) Examiner Due to (or es e consequence of) Examiner iclan end buriel-transit Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of) physician e Box 68760, Physician/Medical Dua to (or as a consequence of): 50 esn P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? the th yd ber 2□ No 3 Probably 4 Unknown Isene Records. þ 8 24b. Were autopsy tindings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed peen page 2 has e No certificate 1 ☐ Yes 1 TYes Wes case reterred to medical Division of Vital funeral director, B 26. Piace of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 N Impatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: I or Attending P aftar death. | Director: After I After 1 Anaturai 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours at To the Funeral D edicai Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) end manner as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier pletely (Check only one) 29b. Signatura and titia of certitier 29c. License number 29d. Date signed (Month, Day, Year) 6 30. Name and address of person who completed ceuse of death (frem 23a) Type, Print) Dr. Anwar Munshi 100 Hospital RD. Prince Frederick, MD. 20678 31. Date filed (Month, Day, Year) 32. Registrar's Signature

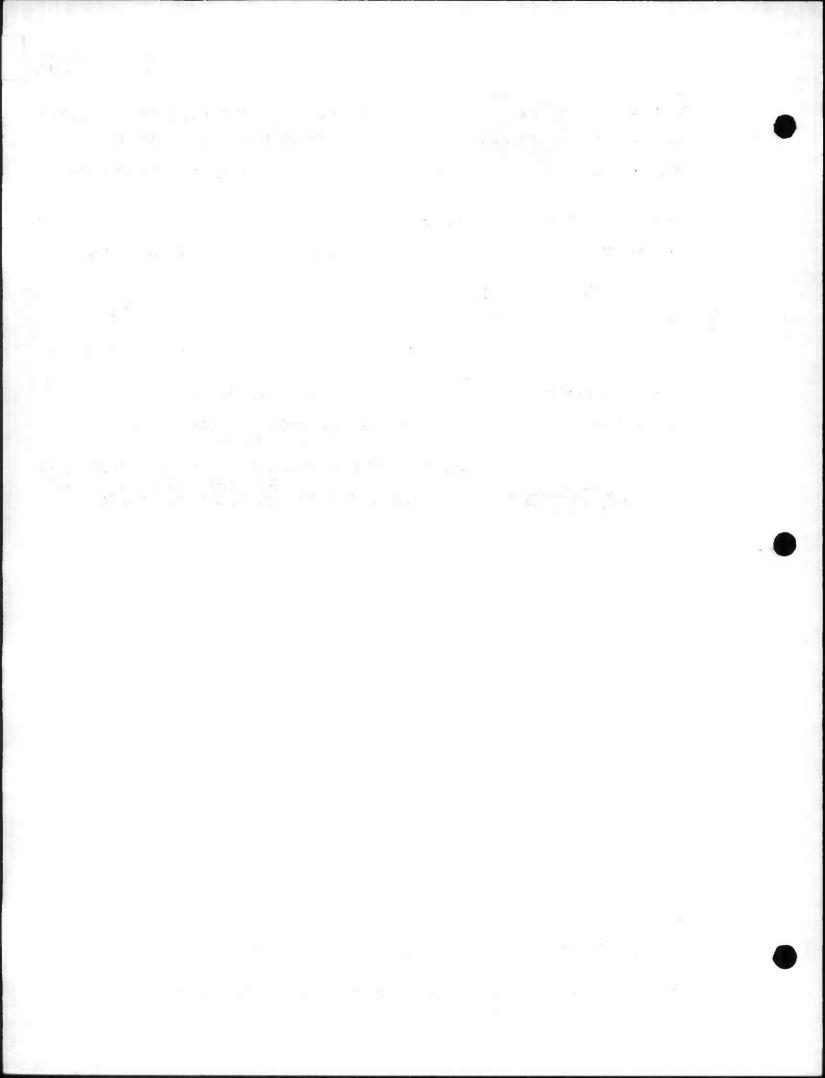
alin Davolson Rardall

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State

MAR 1 3 1996

Registrar



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

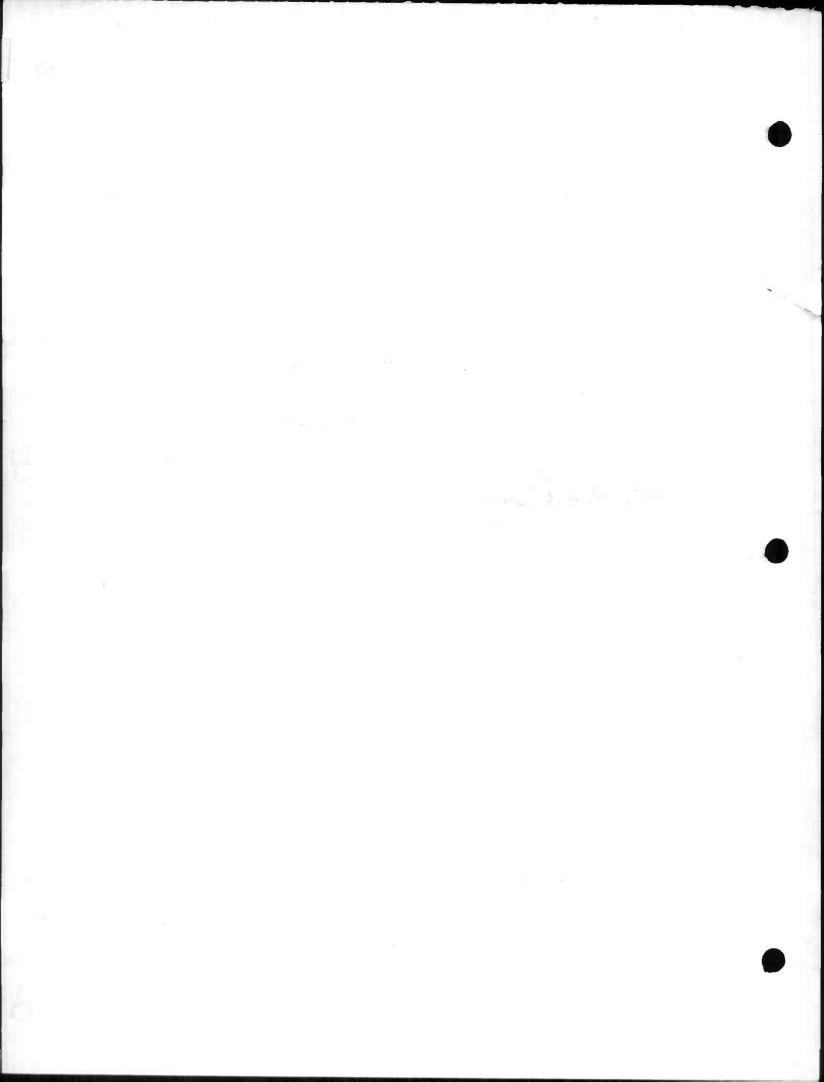
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	TIEGIOTTIAIT				OTTE	- 01	D/ Be/ T		- 11	LG. 140.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DAY		YEAR	3. TIME OF DEATN
	RUTH	MCGRATH	Y	OUNG					March 2				6:38 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	HOURS	MIN.	7. DATE OF B (Month, De	/. Year)		Count	
	212-10-4702	1 M 2 KF	76	YRS.					June 2	2, 191	19	Ma	ryland
	9a. FACILITY NAME (If not institution, give s		9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH				
DIRECTOR	911 Cedar St.		Pocomoke City					Worcester					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	10c. CIT	10c. CITY, TOWN OR LOCATION					_	10d. INSIDE CITY				
Ē	Maryland W	orcester		Pocomoke City			1			LIMITS?			
	10e. STREET AND NUMBER		. 0001		1. ZIP COD		10g. CITIZEN C			IZEN OF	WHAT COUNTRY?		
R	911 Cedar St.					2185	51			USA	USA		
FUNERAL	11. MARITAL STATUS	RMED	13.	WAS DEC			NC ORIGIN? (S	pecify Yes	or No-	14. BAC	E — American Indian.		
	1 Never Merried 2 Merried	FORCES? 1		NO			ecify Cubi		n, Puerto Ricer	, etc.)	Black, White, etc. Specify:		
B	3 🔀 Widowed 4 🗌 Divorced						25-0						iite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a, D6	ECEDENT'S	USUAL O	CCUPATIO	ON ost of world	na	16b, KIN	D OF BUS	INESS/IN	DUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	-)	No NOT u									
MP	12	0		Offic	ce Wo	ork				Masc			
8	17. FATHER'S NAME (First, Middle, Last)	V 0 .1					140.00		ME (First, Middl		,	. 1 1	
BE		McGrath						ddie		ae		ills	
2	19e. INFORMANT'S NAME (Type/Print)		19						Route Number, C				21052
	Pat Hayman					_		St.	, Princ				
	20a. METHOD OF DISPOSITION 1 IX Burlel 2 Cremetton 3 Rem 4 Donetion 5 Other (Specify)	noval from State	cometery, cri	ematory or o	DDATEOF DISPOSITION (Name of lory or other place) aptist Cemetery 3/					20c. LOCATION — City or Town, Stata Pocomoke City, MD			
	21. SIGNATURE OF MERAL SERVICE LI	CENTREE /			22.	HO1	NO ADDRE	SS OF FA	neral I	Iome			
	1 50 M. 14	00/1/2									lichi	irv N	1D 21801
CERTIFICATION	disease or condition resulting in death) s. PALCUA MC CAN CU DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ERTI	that initiated events resulting in death) LAST												
									b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO				
EDICAL										YES 2			COMPLETION OF CAUSE OF DEATH?
	l												1 TYES 2 10
₹ ;	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	ATH Y	ES 🗆	NO [JUNG	CERTAI	N 🗆				
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLA	CE OF DEA)						
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	4 Nu		no 5 1	lesidence	8 Other (S)	pecify)			
Y PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF (Month, E		26b, Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRI	BE HOW II	NJURY O	CCUREO	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE (building,	OF INJURY — At h	ome, ferm,	street, fac	tory, offic	ce			ON (Street e own, Stete)	and Numb	er or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one)												(e) and manner ee stated.
00						оримент	,			,			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	er .					29c. LIC	CENSE NU	MBER 7 /		29d. DA	TE SIGNE	D (Month, Day, Year)
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		Ш	SINKS HOSPITAL BOLD	NA
	Funeral		Months Days Hours Min.	8. Date of Birth 9. Birthplace (State or Foreign Country)
	Director		Usuel Residence of Decedent	26.25, 1936//rginia
	puet #		10a. Stete 10b. County / 10a. City, Town or Location	10d. Inside City Limits
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	eme erre	Funeral Director	11. Merital Stetus 12. Was Decedent Ever In U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specific Yes, specify Cuben, Mexican, Puerto F	cify Yes or No- lican, etc.) 14. Rece - American Indien, Bleck, White, etc.
20	ours after death with the Maryler ral', or items 23s or 28s-f show Examinet must be inclified at	y FL	1 □ Never Married 2 □ Married 1 □ Yes 2 □ No ff Yes, Give 1 □ Yes 2 □ No Specify:	Specify: 12 - 1-
5-0020	"natural", or its	d by	3 Widowed 4 Solivorced Yeer or Detes:	Dlack
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Maryland	and and		19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural	Route Number, City or Town, State, Zip Code)
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O	Pages nent of H int: If Ne iry or of		20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)	Dete 200 Location - City or Town, Stete
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Ba	Depenti Depenti Importa any ini once.		21. Signature of Funerel Service Llo management of Facility 2004 125 Furnia 2	Dervice/
			232 Part Folge the disease or completion the mode of this such as cardia as	S.f.
100	Physiclan	- 1	23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or shock, or heart failure. List only one cause on each time.	respiretory errest, Approximate Interval Between Onset end Deeth
4	/Medical		trimediate Cause (Final	-0
	Examiner		disease or condition resulting in deeth) e. VVI + SVS+PM DY COM 10(1) Due to (or es e consequence-ef):	
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	the death certificate be executed y the ettending physician and ached for use es the burlet-transit	хаш	Sequentieily list conditions, if any, leading to immediate	
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68760	eath certificate ettending physior use es the	8	thet initiated events resulting in death) Lest Due to (or es e consequence of):	
Вох	nding use e	Physician/M	d	
	death e ette d for	icia	Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.	23b. Did tobacco uss contribute to the cause of death?
P.0	ires that the death cersigned by the ettending be detached for use	hys	To the end of the second contributing to doubt but not resulting in the underlying couse given in 1 of the	1 Yes 2 No 3 Probably 4 Unknown
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Records,	v requires that been signed b should be deta			24a. Wes en eutopsy periormed? 24b. Were autopsy findings evailebie prior to
ec	> 173 60	Completed		completion of ceuse of death?
- E	The ate h	Con		1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
Vital	Physician: this certific ral director,	Be	25. Wes case referred to medical exeminer? Hospitel: Other: Other:	(Check only one)
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	leath. leath. lor: After th the funeral	tion	1—Maturel 5 Pending (Month, Dey Year) Injury Work?	od. Describe now injury occurred
Division	or Attending I after death. Director: After I in by the funer	fica	3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office 2	8f. Location (Street and Number or Rural Route Number,
ă	afte Dire	Certification:	4 ☐ Homicide building, etc. (Specify)	City or Town, Stete)
1	those and the state of the stat		29e. Certifier (Check only Check only Check only Check only	nd due to the ceuse(s) end menner as stated.
(82	Medical	one) end menner steted.	
1	0 10 0	4	29b. Signature and title of certifier 29c. License number	29d. Dete signed (Month, Dey, Year)
	A			15993 March 21, 1996
	4		30. Name and eddress of person who completed cause (I deeth (Ifem 23a) (Type, Print)	5993 March 21, 1996
	Sta	A	31. Dete flied (Month, Dey, Year) 32 Registrar's Signeture	THE BRUILIVICE, MAY LANGE
	Sta	ar	MAR 2 5 1996 July develor Revell	

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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200	DIRECTC OURS aft	tem 28
TUIL INC	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and co rithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial	INT: If h

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		WENTAL HYGI			
	1. OECEDENT'S NAME (First, Middle, Last) WILBERT	L.	BOE			2. DATE OF DEATH MONTH March 23	1996	3. TIME OF DEATH 10:50 A.M	
	4. SOCIAL SECURITY NUMBER 213-46-3038	1 k M 2 □ F 49	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year NOV . 1,		HRTHPLACE (State or Foreign Country) Md.	
OR	99. FACILITY NAME (If not institution, give sti 200 Bosley Ave.	reet and number)		96. CITY, TOWN C	R LOCATION OF OR	ATH	of OEATH Limore		
DIRECTOR									
	10e. STREET AND NUMBER	cimore			ZIP CODE 21204		10g. CITIZEN OF WHAT		
FUNERAL	200 Bosley Ave.	Yea or No.— 14.	U.S.A. 14. RACE — American Indian, Black, White, etc.						
BY	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puarto Rican, etc.) 3 Wildowed 4 Divorced If YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify:								
15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Manager Network Systems 16. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Manager 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								RY	
	17. FATHER'S NAME (First, Middle, Last)		Network	systems	18. MOTHER'S NA	ME (First, Middle, Mai	T. & T.		
TO BE	Leonard W 19a. INFORMANT'S NAME (Type/Print)	Во	ehm 196. MAILING	ADDRESS (Street a	May nd Number or Rurel	Route Number, City or	Town, State, Zip Coo	Ey (e)	
1	19a. INFORMANT'S NAME (Type:/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	IMMEDIATE CAUSE (Final	Ruptured Ce	ich iine.	1050 ot enter the mo	York Rd de of dying, suc	Towson .	Md. 212	204	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST b. Hypertensive Cardiorenal Vascular Disease Due to (or as a consequence of): c. Due to (or as a consequence of):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death b	ut not resulting in	n the underlyin	g cause given in	PER	S AN AUTOPSY FORMED? S 2 [X NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN: N	DID TOBACCO USE CONTI		F DEATH YE		UNCERTAI	NK		1 123 2 110	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 YES 2 🗌 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	e 5 [XRasidence	8 Other (Specify)			
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PK? /ES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, Jerm, el	treet, factory, offic		281. LOCATION (Str City or Yown, S	eet and Number or F tate)	Bural Floute Number,	
COMPLETED	000)	(Check only one) 2 MEDICAL EXAMINERS on the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
TO BE	30. NAME AND ADDRESS OF PERSON WH				D-093	83	13-	23 - 96	
	Charles F. O'Donn			Hill Ro	d. Baltin	more, Md.	21210		
	MAR 25 1996	LIA DAMAGON-A	NA STATE	_					

THE CAN

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27,28a-f, PER MEO FILM G-734 4/20/96 t.t State of Maryland / Department of Health and Mental Hygiene

96.08467

							g. No.		
	, . ,	1. Decedant's Name (First, Middia,	Last)			2. Data of Deeth Month	Day	Yaar	3. Time of Death
Phys /Me	ician dical	TERRENCE	E	BRIDGET		MARCH			16:28 P
Exam		4a. Facility Neme (If not institution, g	give street and number)		4b. City, Town, or Lo	ocation of Death	4c. County	of Death	
		JOHNS HOPKIN	S HOSPITAL		BALTIMO	RE	n/	a	
Funer Directo		5. Social Security Number 219-78-4768	Sax 7. Age (In your 120 F	rs. lest birthday) If Undar 1 Ya Months De		8. Data of Birth (Month, Day, JAN . 15,	Year) 1964	9. Births Cour MAR	place (Stata or Forai ntry) Y LAND
P .		Usuai Rasidance of Decedant							
anyla show	_	10a. Stata 10b. County	n/a 106.	City, Town or Location BALTIMORE					10d. Inside City Limit 1 🖂 🗶es 2 🗆 N
N or Page	Sc		11/ a						
th with the 23a or 2	Funeral Director	100. Street and Number	WOOD AE.	10f. Zip Cod	21213		Og. Citizan of V UNITED		TATES
lore, Maryland 21215-0020 gas 1 and 2 should be filed within 72 hours after death with the Maryland it of Healith and Mental Hygiena. It of Healith and Mental Hygiena. or other traumatic event, the Medical Evanities must be notified at	þ	11. Marital Status 1 ☼ Mevar Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedent Ever In Armed Forcas? 1 □ Yas Ā[Ā]No If Yas, Giva Yeer or Detas:	U,S. 13. Was Decedant of If Yes, specify C	of Hispanic Origin? (Speuben, Maxican, Puarto (No Spacify:	ecify Yas or No- Rican, etc.)		k, Whita,	can Indian, , atc. ACK
s within 72 h plena. r than "natu	Completed	15. Decedant's (Specify only highast (Specify only highast (O-12))	Education grade compiated) Collaga (1-4or 5+)	16a. Dacedant's Usual Oc (Giva kind of work do lifa. DO NOT use rei FACTORY	16a. Dacedant's Usuai Occupation (Giva kind of work dona during most of working iffa. DO NOT use retired) FACTORY LABORER FILA				RP.
Maryland 212 d 2 should be filled with th and Mental Hyglena. 7 is marked other than traumatic event, the	To Be C	17. Fathar's Nama (First, Middle, La AR THUR BRID			18. Mothar's Name BREND			Θ)	- V
e, Mal yla 1 and 2 should Health and Men em 27 is marke wher traumetic		19a. Informant's Name/Ralationship BRENDA BRID		19b. Mailing Addrass (Str. 1119 N. U		al Routa Number, VENUE, B			
Dallimore, n permit. Pagas 1 and Department of Health Important: if item 27 any Injury or other tr		20a. Mathod of Disposition 1 X Buriai 2 Cressation 3 4 Donation 5 Donat (Spe	DRemoval from State	Placa of Disposition (Nama of camatary, crematory or other) T. ZION CEME	pia ca)	Data 2	LANSDO		
Department Partment Important:	Buce	21. Signature of Funeral Service Lic	ensee.	22. Nama and Ad	•	1101	E. NOR	TH	AVENUE
Physicia /Medica Examine	al	shock, or haart failure. List on Immediata Causa (Final disaasa or condition rasulting in daath)	ly one cause on each line. HEAD INJURY	with. Do not antar tha mode of	dying, such as cardiac	or raspiratory arra	st,		Approximata Interval Batween Onsat and Deeth
	100	rasuling in daalii)	Dua to	(or as a consequence of):				1	
			m la					(
e axecuted tan and untal-transit	Exami	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	Dua to	(or as a consequenca of):					
ificate be axecuted gohrysician and as the burial-transit	ledical Exami	Sequentially list conditions, if eny, leading to Immediate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Lest	c	(or as a consequence of):	V				
OX OS/OU, Contilicate be assecuted anding physician and usa as the burial-transit	an/Medical Examiner	that initiated avants	c		V				
net the death of by the atte	Physicia	that initiated avants	c. Dua to	(or as e consequence of):	givan in Part I.		oscco use cor s 2□ No	ntribute to	V
e law requires that the death has been signed by the atta	by Physicia	resulting in death) Lest	c. Dua to	(or as e consequence of):	givan in Part I.	1 ☐ Ye	autopsy	3 Pro	/ara autopsy findings vallabla prior to pmpletion of cause death?
The law requires that the death the law requires that the death atta has been signed by the atta page 2 should be datached for	Completed by Physicial	resulting in death) Lest Part II. Other significant conditions	c. Dua to	(or as e consequence of):	givan in Part I.	1 ☐ Ye	s 2 No	3 Pro	Vara autopsy findings vallabla prior to ompletion of cause
The law requires that the death the law requires that the death atta has been signed by the atta page 2 should be datached for	Be Completed by Physicial	Part II. Other significant conditions 25. Was casa referred to medical axaminar?	c. Dua to d. contributing to death but not re	(or as e consequence of): asulting In the underlying cause	26. Placa of Daati	1 Ye 24a. Was an perform 1 Ye (Check only one	autopsy ed?	3 Pro	Jara autopsy findings vallabla prior to ompletion of cause daath?
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valcian: The law requires that the death valcian: The law requires that the death is certificate has been signed by the atte director, page 2 should be datached for	o Be Completed by Physicia	Part II. Other significant conditions 25. Was casa referred to medical axaminar?	Due to Due to d. contributing to death but not re contributing to death but not re Lack partial 2 28a. Date of Injury (Month, Day Year) UNKNOWN	(or as e consequence of): asulting In the underlying cause ER/Outpatient 3 DOA 28b. Time of Injury 28c. It	26. Placa of Daati Othar: 4 □ Nursing Ho	1 Ye 24a. Was an perform 1 Ye (Check only one	a autopsy led? s 2 No note 1 No note 6 Other	3 Pro 24b. W av co of 1[Jara autopsy findings vallabla prior to ompletion of cause daath?

29c. License number

OCME

Penn Street, Baltimore, Maryland 21201

29d. Deta signed (Month, Day, Year)

MARCH 22, 1996

State Registrar 29b. Sigryity

31. Data filed (Month, Day, Year)

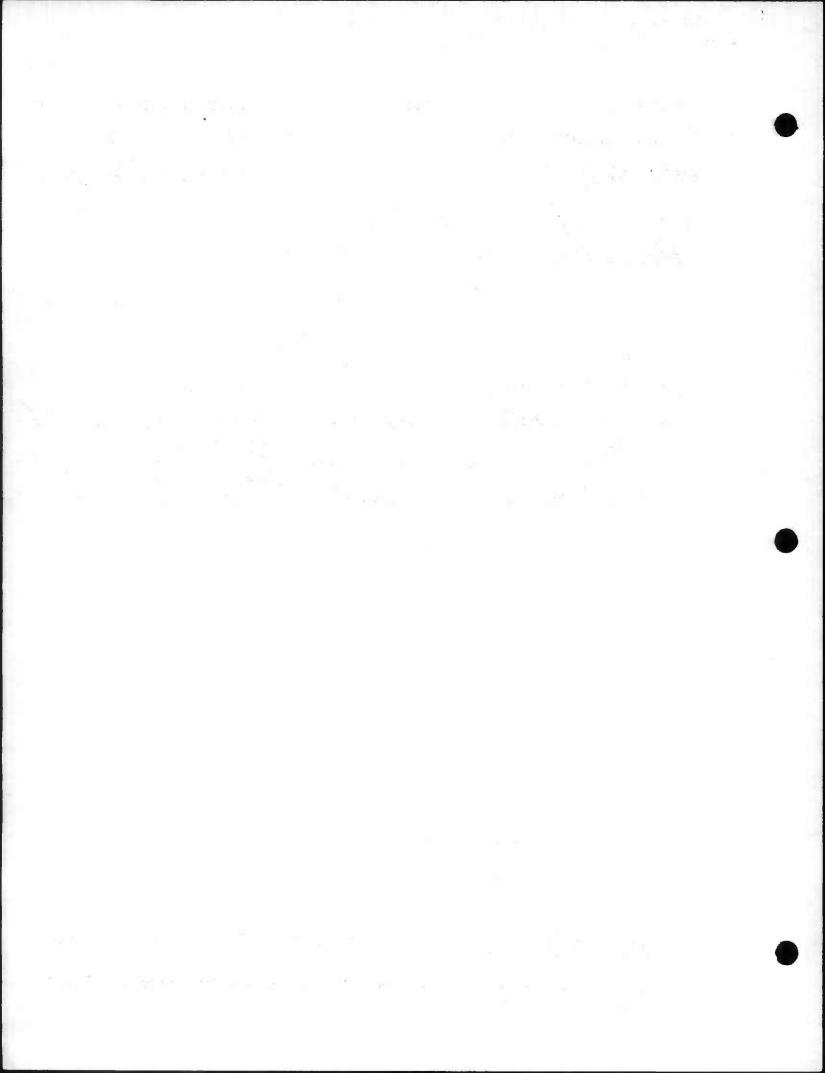
32. Registrar's Signatura Julia Davidson-Randall n as_a =

WRC Items1,10e 3-25-96 Film6733 W.H.Per F/H Item23PartI,27,28a-f 3-25-96 Film6733 W.H.Per OCME Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

			State of Man	land / Department/ Certificate	t of Health and e of Death		jieneg 6	08	468
		1. Decedent's Neme (First, Middle,	Last)			2. Dete of Dea	th		3. Tims of Death
Physici /Medic		RONALD	Gordon	BROWN		MARCH	16°, 1	998	6:03 PM
Examir		4e. Fscility Neme (If not institution, 4891 MELBOUF	· January Control of the Control of		4b. City, Town, or BALTIM	Location of Death	4c. County	of Death	
Hydiene. the Med cal Exercise from 23a or 28a4 show and the the Med cal Exercise from the recorded at or	c	5. Sociel Security Number 2/8-64-/639 Usuel Rasidance of Decedent	5. Sex 7. Age (h	n yrs. last birthday) G Yrs. If Under Months	1 Year If Under 24 Hrs Deys Hours Min		Year) 96	a. Birthplace	e (State or Foreign
r result and waters rigides. The firm 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examination must be notified at	ctor	10a. State 10b. County	D 10	Balking or E				10d	Inside City Limits Yes 2 No
Na or 28	i Directo	10e Same and Number 4891	were Ac-	10f. Zlp	Code 2/229		log. Citizen of	Whet Country	?
ritems 2:	Funeral	11. Menitel Status 1 Never Merried 2 Merrie	12. Was Decedent Eve Armed Forces? d 1 Yes 2 No	r in U,S. 13. Wes Deced	ent of Hispenic Origin? (Specify Yes or No- rto Rican, etc.)	14. Rec	e - American ck, White, etc	
Exam	þ	3 □ Widowed 4 □ Divorced	If Yes, Give Yeer or Detes:	1 ☐ Yes 2	No Specify:		Specif	Blac	K
Police	Sietec	15. Decedent's (Specify only highest	grade completed)	16a. Decedent's Usue (Give kind of wor life, DO NOT us	l Occupetion k done during most of wo g retired)	orking	16b. Kind of B		0
1	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	SECUTTO	y GUAND		PRIVA	ite L	USI NEES
event.	Be	17. Fether's Neme (First, Middle, Li	rst)		18. Mother's Ne	eme (First, Middle,	Meiden Surnan	ne)	
matic	T _o	19e. Informent's Neme/Raiationshi		19h Mailing Address	(Street end Number or F	/ Nart	S City or Town	State 7in C	ndo) 3/1/7
r trau		SANDUA OS	ELSTREET	2031 A	WIO XIL	LAUE:	3 9/19	Rollin	us hd
	ì	20e. Mathod of Disposition	1	20b. Piece of Disposition (Namcametery, crametory or of	e of her place)	Date	20c. Location	City or Town	, State
ury or	1	1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spe		reenseount (moker 3	121/96	BALL	MIR	Maryor
Important: I any injury o once.		21. Signeture of Funerei Servica Li	censee	22. Neme end	Address of Facility	ATMAY -	famis	FUNER	21 Home
Important: I any injury o once.		Deront	Levis	5340	RELSTENSTO	weld &	Soltin	116,1	7/4/6/2/
		23a. Part L Enter the disease, or o shock, or heart failure. List or	omplications thet caused the nly one cause on eech line.	deeth. Do not enter the mode	of dying, such es cardia	ac or respiretory en	rest,	In	pproximete itervsi Between
ician dical		Immediete Cause (Fine)	Nancotic	Intoxication				0	nset and Deeth
niner		diseese or condition rasuiting in deeth)	θ						
	ner		Due	e to (or as a consequanca of):				1	
trans	Examiner	Sequentially list conditions,	Dua Dua	to (or as e consequenca of):					
the burial-transit	cal E	Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Undarlying Causa (Disaasa or Injury	C						
s the	pa	thet initieted events resulting in death) Lest	Due	to (or es e consequenca of):				!	
for use as th	Physician/M		d						
ed for	sicie	Pert II. Other significant condition	s contributing to death but no	ot resulting in the underlying ca	use given in Part I.	23b. Did to	obacco use co	ntribute to th	ne cause of death?
signed by the signed be detached						101	es 21 No	3 Probat	oly 4 Unknown
ed b	d by					24a. Wes s	in eutonsy	24b. Ware	autopsy findings
should	Completed					perfor	med?	eveila	able prior to eletion of cause
page 2	omp					iely	es 2 No	1 57	
rector, pag	0	25. Was casa raferred to medical			26. Placa of De	eath (Check only or			69 50 140
	To B	sxeminer? XXYes 2□ No	Hospital: 1 ☐ inpetient	2 ER/Outpetient 3 DO	Other		ence 6 Oth	er (Specity)	
funeral di		27. Manner of Death 1 □ Neturel 5 Panding	28a. Pata of Injury		3c. Injury st Work?	28d. Describe h		red	
the fu	ertification:	2 ☐ Accidant invastiga 3 ☐ Suicide 6 🕱 Could no	t bo	Found M	1 ☐ Yes 2 🛣 No	Undete			
in by	ertif	4 ☐ Homicida determin	building, etc. (5	At home, farm, streat, factory, pecify)	Office	28f. Location (S City or Tow	n, Stete)		ioure ivumber,
filled	O	29e. Certifier 1□ Cartifying	4891 Me1bo	urne Road y knowiedge, daeth occurred e	t the time, dete end plec		re, Mary		ad
Ne Fur	edicai		camins r: On the basis of exa end menner steted	minetion end/or Investigation,	in my opinion, deeth occ	urred et the tims, o	lete end piece,	end dua to th	e ceuse(s)
To the Funeral Director: A completely filled in by the fu	Me	29b. Signeture and title of certifier	h . v		License number		9d. Dete signe		
		Maymel	me youll	/	O.C.M.E.		MARCH	17,	1996
		30. Neme end eddress of person wi	no complated cause of deeth	(item 23e) (Type, Print)					

State Registrar

31. Dete filed (Month, Dey, Year) 32 Registrer's Signeture
July Okurdeen Randell MAR 25 1996



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	mit. Pane	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
'n.	ansit per		
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minours after death. Page 6 may be retained by the hospital or attending physician.	burial-tr		
attending	se as the		
pital or a	ed for us		
the hos	e detach		t once.
tained by	should b		tiffed a
ay be re	page 5		t be no
age 6 m	director,		PORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death. F	e funeral	1	examin
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-	filled	OU, (9
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ATTEN	CTOR:	s after i	1 28 is
AL OR	AL DIRE	72 hours	If Hem
HOSPIT	FUNERA	within 7	TANT
THE	王	filed v	PORT

	item#17&19b fi	ilm g	733 3/25	5/96	per in					20	08469
	FOR STATE REGISTRAR	-	STATE OF	MARYLA	AND / DEPAR	RTMENT OF	HEALTH AND		GIENE		
	1. DECEDENT'S NAME (First, Mid	idle, Last)	-					2. DATE OF DE			3. TIME OF DEATH
	LE	ROY	+ GCH	ADT	ER DO	J		MONTH	2 4	YEAR	4 354
	4. SOCIAL SECURITY NUMBER	10 /	5. SEX	1						1996	- 50 U M
				W. AGE (#	In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF Bit (Month, Day,	PTH Year)	8, BIRT	THPLACE (State or Foreign
	324-05-4756	5	1X M 2 F	87	YRS.	- CAYS	HOURS MIN.	11-10		000	Ohio
	9a. FACILITY NAME (If not institut	tion, give str	reet and number) (Q. U.	221427	9h CITY TOWN	OR LOCATION OF D			COUNTY OF	
oc				х по	spital		ON EDGATION OF E	ZEATH	96.	COUNTY OF	OEATH
ō	Levindale H	lebre	ew Ger:	iatr	ic Cnt	r. Ba	ltimore	9		N/A	
DIRECTOR	RESIDENCE OF DECED	ENT	Carrie Carrie	-0.0 -111247							
2	10a. STATE 10b	b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
5	Fla.		NT / A		64	Doto	20 C h 20 C				LIMITS?
	10e. STREET AND NUMBER		IV/A				rsburg				
FUNERAL						1,	of. ZIP CODE		10g	CITIZEN OF	WHAT COUNTRY?
<u> </u>	4061 58th A	veni	ie. Nor	rth			33714			TT S	Λ
5	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Sou	cify Vee or No	_ 14 PM	CE American Indian,
	1 Never Married 2 Marr	ried	FORCES?			If yes, a	specify Cuban, Mexic	an, Puerto Rican,	etc.)	Bla	ck, White, etc.
BY	3 Wildowed 4 Divorced	000	IF YES, GIVE V	WAR OR DA	TES	1 🗌 YE	S 2 NO Speci	tty:		Spe	olfy:
										1	White
W	15. DECEDER (Specify only high	NT'S EDUC	ATION			USUAL OCCUPAT		16b, KIND	OF BUSINES	S/INDUSTRY	
w I	Elementary/Secondary (0-12)	3.203	College (1-4 or 5	+)	life. Do NOT u	se retired.)	rust or working				
COMPLETED	Grade 8		-onego (i-o of 3		U. 7	D			-		
Σ					Sales	Kebres	entativ				
8	17. FATHER'S NAME (First, Middle,	, Last)					18. MOTHER'S N	AME (First, Middle,	Maiden Suma	ne)	
	John Oh	odd	erdon '	JOHN	CHADDER	DON	550	lie Mod	matt		
BE	19a. INFORMANT'S NAME (Type/P				10h MAII INC	ADDRESS (Stant					
2	The state of the s						AVE .				
	Raymond F.	Gorr	nik		8208	S. De	Tona A	veBa	lto	Md.	27204
	20a. METHOD OF DISPOSITION	-		20b.			Vame of 3-28		20c. LOCATIO		lown, State
	1 XBuriel 2 Cremetion 3 4 Donation 5 Other (Spe		val from Stata	Cerne	Brery, crematory or c	ither place)		100	~		
	21. SIGNATURE OF FUNERAL SE		2	MOI	unt Pl		Cemete		Gene	va. ()hio
	21. SIGNATURE OF FUNERAL SE	HVICE UID	INSEE	1.4	491		ANO ADDRESS OF F			- 2 - 7	
- 3			7	0			l Balti			nal 1	Pike
_	G. Truma					Dol	4 2		2000		
						DOL	timore.	Md 2	1229		
	23. PART i. Enter the disees	sea, or co	omplications the	nt caused	the desth. Do	not enter the m	code of dying, aud	ch aa cardisc o	r respiretor	y arreat,	Approximata
	shock, or heart	sea, or co fallure. L	omplications the list only one cal	nt caused use on ea	the desth. Do and the line.	not enter the m	ode of dying, aud	ch aa cardisc o	r respiretor	y arreat,	interval Between
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	shock, or heart	fsllure. L	list only one csu	use on ea	ich line.	not enter the m	RICULAR	ch aa cardisc o	r respiretor	y arreat,	interval Between
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ON	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions.	i fallure. L	ADVAR	V(E)	LEFT CONSEQUENCE O	VENT	ode of dying, aud	ch aa cardisc o	r respiretor	y arreat,	interval Between
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32. REGISTRAR'S SIGNATURE

MAR 2 5 1996

212 090999999 Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. 08470 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month **Physician** CARSON WILLIAM Lewis MARCH 22ND 1996 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Good Samaritan Hospital Baltimore City N/A If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F Months Director 78 212-09-0929 October 30, 1917 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 XYes 2 No Funeral Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 852 Bradhurst Road 21212 United States 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11 Markel Status Armed Forces r
1 Yes 2 No
If Yes, Give
Year or Dates: WWII 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if flam 27 is marked other than "na any Injury or other treumstic event. Elementary/Secondary (0-12) College (1-4or 5+) 12 Clerk -Bethlehelm Steel Steel 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be William A. Carson Charlotte E. Buehl 2 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Janet M. Crispens 2211 Green Haven Way Hampstead, Md. 21074 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20s. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Dulaney Valley Memorial Gardens 3/26/96 Timonium, Maryland 21. Signature of Funeral Service Cident 22. Name and Address of Fecility Freest L.Feist III Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road 23a. Part1. Enter the datamay or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical CARDIOGENIC SHOCK

Due to (or as a consequence of):

ACUTE MYOCARDIAL INFARCTION Immediate Ceuse (Final TWO HOURS disease or condition Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last pue Physician/Medicai Due to (or as a consequence of) signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 ☐ Unknown DIABETES MELLITUS à Completed 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to HYPERT ENSION completion of cause of death? ISCHEMIC CARDIOMYOPATHY 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 27. Manner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 I Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Limited Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) edicai 29a. Certifier To the To To the Complete and menner steted.

The law requires that the death certificate be executed P.O. Box 68760, attending physician Division of Vital Records, certificate Attending Physician: A br Atten.
An iter death.
An offector: After this or
An by the funeral div

filed within 72 hours after deeth with the Maryland

Saltimore, Maryland 21215-0020

0

State Registrar 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

MI)

29b. Signature end fitte of certifier

CATHERING APPROD GOOD SAM HOSP 5601 LOCHRAVEN BLUD BALTO MD 21239 e filed (Month, Day, Year) 32 Regist et's Signature 2 5 1996

29d. Date signed (Month, Dey, Year)

MARCH 22ND 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	e of	Death			Reg. No.		
			1. Decedant's Nama (First, Middla,	Last)		T-	111				2. Data of Dea	ath	V	3. Tima of Death
	ysicia Andia		Jacob		Char]	29					Month Mar.	1 7	1996	22:30
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	amm	-	127 Scott Avenu						N	I/A		Ann	e Aru	ndol
Fun	aral .				Aga (In vrs.	last birthday)	If Under	1 Yaar	If Undar		8. Data of Birt		1	place (Stata or Foreign
Dire			249-03-5914 Usual Rasidance of Decedant	1⊠M 2□F	90		Months	Days	Hours	Min.	8. Data of Bird (Month, Da Mar. 4	y, Year) 1900	SOU	intry)
/land	12		10s. Stata 10b. County		10c. Ci	ly, Town or Lo	ocation							10d. tnside City Limits
d 2 should be filled within 72 hours after death with the Maryland th and Mental Hyglene. 7 Is marked other than "natural", or items 23s or 28s-f show	Delified	Director	MARYLAND ANNE A	RUNDEL	(GLEN BU	JRNIE 10f. Zip	Code				10g. Citizen o	of What Cour	1 □ Yas 2XXNo
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eath	8	Funeral	127 Scott Ave	12. Was Deced	ant Ever In III	S 12		2106	_	lala? (Cr	anife Van or No	U.S.	A . lace - Amari	one Indian
ter d	180	S	11. Marital Status 1 Nevar Married 2 Marrie	Armed Force	as?	,3. 13.	If Yas, spec	ify Cuba	in, Maxicar	n, Puarto	pecify Yas or No- p Rican, atc.)	14.7	lack, Whita,	
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	r other		20a. Mathod of Disposition 1XDBurial 2 ☐ Cramation 3			Place of Dispo	sition (Nam	na of thar place	>e)		Data	20c. Locatio	n - City or To	own, Stata
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permit. Pages Department of Important: If it	any injury once.		21. Signature of Funaral Sarvice Li	censes	1	22	2. Nama an				DOUN COM	NALINIT TV	- F/U	
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eath certificate be executed attending physician and	I-tran	Examiner	Sequentielly list conditions, if any, laading to immediata causa. Enter Underlying		Dua to (d	or as a consec	quance of):	CA	MOI	04	Ascu	An 2	ILGG	754
be e	burle		causa. Entar Underlying Cause (Diseese or Injury that initiated avents	c										
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t the d	ache	hys	Part ii. Other significant condition	s contributing to deat	n but not ras	ulling in tha u	noanying ca	ausa giv	en in Parti					to the cause of death?
requires that the	teb e	by P									''	Yes 2 No	3 <u>3 </u> Pro	bably 4 Unknow
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	- I	2	1 ☐ Yas 2 ☐ No 27. Mannar of Death	1 □ Inp		ER/Outpatier 28b. Tima o		^	4 🗆 140	ursing H	oma 5 A fask 28d. Dascribe I		1-1-1-1	<i>(y)</i>
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	2 2	Certification:	4 ☐ Homicida datarmin	building	, atc. (Specif	y)	out, lactory	, once			City or Tov			arrivora rvanious,
Hoselta 24 hosel Funera		edical C	29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the be taminer: On the basi	s of examina	wiedge, deett	occurred e	et the tin	na, data an pinion, dea	nd place, ith occur	, and dua to tha red et the time,	causa(s) and dete end plac	manner ss s	stated. to the cause(s)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima of Death **Physician** MARCH 22,1996 Year DAVAGE 11;15 am JOHN Η. /Medical 4a. Fsclity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HARFORD GARDENS NURSING HOME BALTIMORE CITY If Under 24 Hrs. Hours Min. 5. Social Sacurity Number If Undar 1 Yaar 9. Birthplece (State or Foreign Country) BAL IIMORE, MD 7. Age (In yrs. last birthdey) **Funeral** Months Days XXM 2□ F 99 217-01-7901 Yre. Director Usual Rasidance of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow Iraumatic event, the Medical Examiner must be notified at 1)☐(Yes 2☐No Director n/a BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8 HARFORD STATES 4700 ROAD 21216 UNITED 238 permit. Pages 1 and 2 should be filed within 72 hours after deeth v limportant: if flem 27 is marked other than 'netural', or flems 28a any injury or other traumatic event. the Funeral 12. Was Decedent Evar in U,S. Armed Forces?, 1 ☐ Yes 2 D No It Yes, Give Yeer or Detas: Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status 1 ☐ Nevar Married 2 ☐ Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2XXNo þ Specify: BLACK 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) LABORER various trades 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumema) Be unk. 2 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. informent's Neme/Reletionship (Type, Print) BERNADETTE GOODE 20b. Plece of Disposition (Name of cernatary, crematory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ XX emation 3 ☐ Removel from Stete GREENMOUNT CREMATORY 3 - 27BALTIMORE. MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Neme end Address of Fecility WM. C. MARCH FH.-1101 E. NORTH AVENUE 23a. Pert1. Enter the disease, or comp dufions that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellura. List only one cause on each lina. Approximete Intervel Between Onset end Daath **Physician** /Medical Immediete Cause (Final disaese or condition resulting in deeth) YDATI Examiner Examiner The law requires that tha death certificete be executed Sequantielly list conditions, if any, leading to immediate cause. Enter Undarfying Couse (Disease or Injury that Initiated avants resulting in death) Lest buriel-tran and Due to (or es e consequence ot) Division of Vital Records, P.O. Box 68760, physician METAGO Physician/Medical the Due to (or as a consequenca of) detached for use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 3℃ Probably 4 Unknown 1 ☐ Yes 2 ☐ No ASWO þ 24b. Were eutopsy tindings evsilebla prior to completion of causa of deeth? 24e. Wes en eutopsy performed? Completed peed has this certificate 1 Yes 2 No 1 Yes 2 No Attending Physician: director Be 25. Was case reterred to medical exeminer? 26. Place of Deeth (Check only one) Other: Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 € Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Bueun Manner of Deeth 28c. Injury at Work? 28a. Data of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred After 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accident 200 octor: 6 Could not be determined 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, term, street, factory, office building, etc. (Specify) 4 - Homicida TC Certifying Physician: To the bast of my knowledge, deeth occurred et the time, deta and place, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of 29c. License number 29d. Date signed (Month, Dey, Year) 30. Nama and eddress of pomen who completed cause of death (Itam 23a) (Type, Print)

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 08473

							Cert	tifica	te of	Death		В	eg. No.	0 (004	10
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	Funeral Director		JOHNS HOPK 5. Social Security Number 212-86-694	6. Sea		O.R. a (In yrs. last i	birthday) Yrs.	If Unde	r 1 Year Days	BALT If Undar 2 Hours	I MOF 24 Hrs. Min.	8E CITS 8. Date of Birth (Month, Day, 02 13		Cour	elace (State	or Foreign
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	how		10a. Stata 10b. C	ounty		10c. City, To	wn or Loca	ation						1	0d. Insida (City Limits
	the Marylar 28a-f show	Director	MD. N/	A		BALTI	MORE	Ξ							XXYe	s 2 No
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020	ours efter al', or he Examine	by Funeral	11. Marital Status 1 X Never Married 2 3 Widowed 4 Div	Married	12. Was Decedent Armed Forcas? 1 ☐ Yes 2 ☑ I If Yas, Giva Year or Dates:		lf.	Yas, spe	cify Cuba	llspanic Orig an, Mexican, Specify:	in? (Spe , Puerto I	cify Yes or No- Rican, atc.)		ce - Americ ck, Whita,		
5-0	n 72 hours	ted	15. De (Specify only	cedant's Edu	cation	16	a. Deceda	int's Usu	al Occup	ation during most	of works		16b. Kind of B	usinass/Ind	dustry	
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	nd 2 lith e		MARILYN M.	DAVT	S-REVERI							E, BAL				
ē,	f Health fem 27 other tr		20a. Mathod of Disposition	DIIVI	S BBVBKI	20b. Place	of Disposi	ition (Na	me of		DIVOI		20c. Location			
Baltimore,	permit. Peges 1 end Department of Health Important: If Item 27 any Injury or other tr				lamoval from State		IMOI	,		-/	03-	-26-96	BALTI	MORE	E, ME).
Bal	Depar Depar Impor any in		21. Signature of Funeral Se	rvice License			1	ALBI	ERT	P. WY	YLIE	E F/H	PA . 2121	7		
ľ			230 Part1. Enter the disease shock, or heart failure	ne, or compli	that caused causa on each lin	tha daath. Do									Approxima Interval Be	etween
	Physician /Medical Examiner	Je.	Immediata Causa (Final diseasa or condition rasulting in death)	8	Gun	Shot Dua to (or as	Woo a consaqu	und	5	of	abi	domen			Onset and	Death
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90,	se exe cian e vurial-		Sequentially list conditions if any, laading to immadiate cause. Enter Undarlying Cause (Diseasa or injury	' J .										i		
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	0 0 0	sici	Part II. Other significant co	nditions con	tributing to death bu	it not resulting	In the unc	darlying	cause giv	an In Part I.		23b. Dtd to	bacco use co	ntribute to	the cause	of death?
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	To the Hospital of within 24 hours at To the Funeral Discompletely filled it	edical	29a. Certifiar 1☐ Ce (Check only one) 2☑ Me	rtifying Phys dtcal Examir	ician: To the best of her: On the bests of and manner sta	axamination a	ga, daath o ind/or inva	occurred	at the tin	na, data and pinion, daati	l piace, a	nd dua to tha ca	usa(s) and m	annar as st	ated.	
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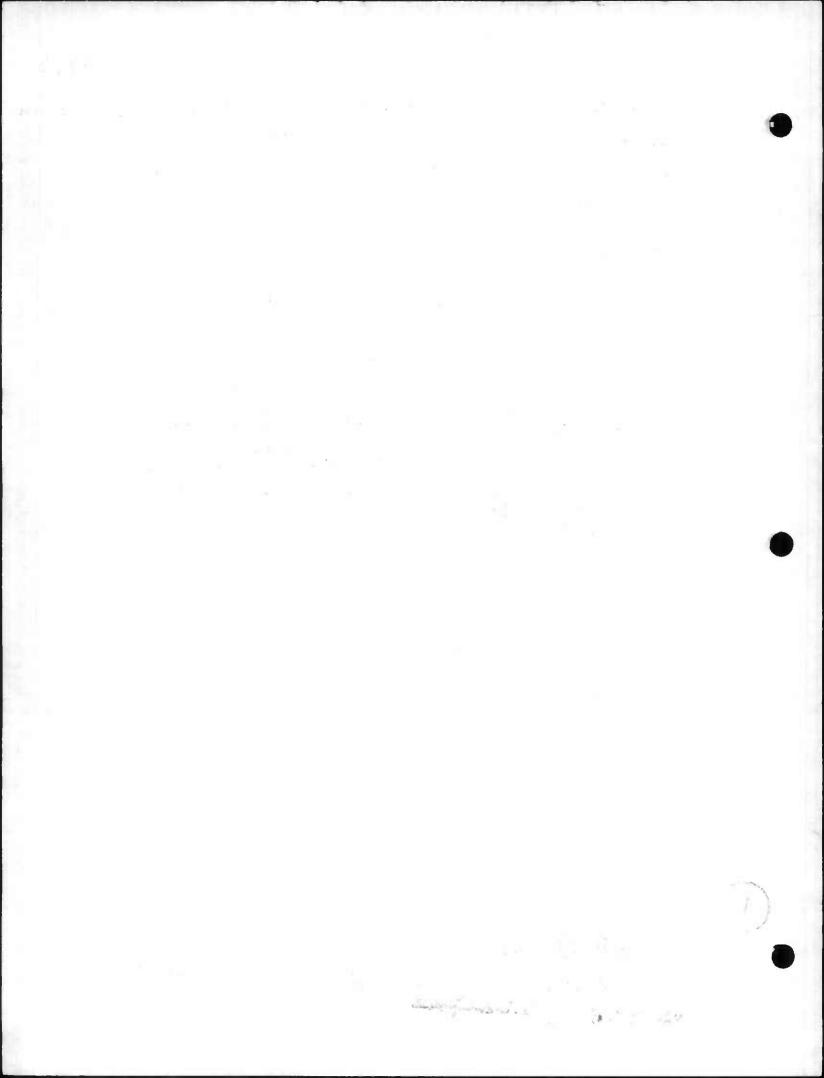
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State of Maryland / Department of Health and Mental Hygiene O

					Certi	ficate o	f Death		Reg. No.	0 00	4/4
Physician		ama (First, Middle	STRADIC	D0.	14500			2. Data of D	eath Day	Yaar	. Tima of Death
/Medical Examiner	4a. Facility Nam		n, giva street and numbe		Greki	<u> </u>	4b. City, Town, or Baltimo		H 23 th 4c. County	3 37	1130 AM
Funeral Director	5. Social Securit	y Number		Aga (In yrs. 7		If Undar 1 Yas Months Day		8. Data of Bi (Month, D January	irth av. Year) 14, 1919	9. Birthplace Country) Panama	(Stata or Foraig
-f show (ed.m.	Usual Rasidano 10a. Stata Maryland	of Decedent 10b. County Baltimo	pre		, Town or Local tonsville					10d.	Insida City Limit
r items 23a or 28a-1 s inner must be notified Funeral Director	10e. Street and 1302 Den	Number Bright Roa	ıd			10f. Zip Code 2.	1228		10g. Citizan of USA	What Country?	
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traumetic traumetic	19a. Informant's	Name/Raiationsh					et and Number or R Road Catons	ural Routa Numb			da)
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Importa eny inju once.	21. Signatura of	Funaral Sarvice L	Licensee	1	22. N Lero 1630	lama and Add by M. & 1 D Edmond	Irass of Facility Russell C. V	Witzke Fur Catonsvil	neral Home Lle, Maryl	s and 212	28
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In Director: After the in by the funers	3 ☐ Suicida 4 ☐ Homicid	6 ☐ Could n	ned 288. Place of II	njury - At ho tc. (Specify	ma, farm, straat	, factory, office	e		(Street and Numi wn, Stata)	ber or Rural Ro	uta Number,
pletely fij	29a. Certifier (Check only one)	1 Certifying 2 Medical E	Physician: To the bes examiner: On the basis and mannar s	of examinati	viedge, death oc ion and/or invas	curred at tha tigation, in my	time, data and place opinion, daath occu	e, and dua to tha urred at tha tima,	causa(s) and m date and place,	anner as stated and dua to tha	d. causa(s)
E 2	29b. Signature a	ng little of certiffer	1				nsa number		29d. Data signe	d (Month, Day,	Year)
/	• /	Kly Kil	(MD			D	4471		3/2	3/96	



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State of Maryland / Department of Health and Mental Hygiene OC

Funeral Director Funeral Director	Frank 1 5. Sociel Security 213-01 Usuel Residence 10a. Stete Md 10e. Street and No	(If not Institution, given in Squa Number 6.5)	re Hosp	iber)	la et hirthelau		4	lb. City, Town, or L	March		996	2:00 PM
Examiner Funeral Director	Frank 1 5. Sociel Security 213-01 Usuel Residence 10a. Stete Md 10e. Street and No	in Squa Number 6.5 -0986 of Decedent 10b. County	re Hosp	oital 7. Age (In yrs. I	a of hirthday		4	Ib City Town or I			220	2.00 11
Funeral Director	5. Sociel Security 213-01 Usuel Residence 10a. Stete Md 10e. Street and No	Number 6.9 -0986 of Decedent 10b. County	Sex	7. Age (In yrs. I	a et hirthday)			D. City, Town, Or E	ocation of Deeth	4c. County	of Deeth	
Director	5. Sociel Security 213-01 Usuel Residence 10a. Stete Md 10e. Street and No	Number 6.9 -0986 of Decedent 10b. County	Sex	7. Age (In yrs. I	la et hirthday)			N/A		Balt	imor	е
Director	Usuei Residenca (10a. Stete Md	of Decedent 10b. County	1□M 2⊠F	80	ost billingy)	If Under	1 Year	If Under 24 Hrs.	8. Dete of Birth (Month, Dey			lace (Stete or Foreign
Herns 23a or 28a-f show iner must be notified at Tuneral Director	Md 10e. Street end No		_		Yrs.	Months	Deys	Hours Min.	Sep 22			
hers 23s or 23s-f st ner must be notified uneral Director	10e. Street end No	Baltim		10c. City	, Town or Lo	cation					.10	Od. inside City Limits
Ner must be not ner must be not uneral Direc			ore	E	ssex							1 ☐ Yes 2 No
hers 23a (ner must b	224 An	ımber				10f. Zip	Code		1	0g. Citizen of 1	What Coun	try?
hers ner m		tietam	Rd			21	221			USA		
by		ried 2 Merried	12. Wes Deced Armed For 1 Yes if Yes, Give Yeer or De	2⊠No ∍		Ves Deced Yes, spec		ispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)		ea - Americ ck, White,	
lical lical	/Sne	15. Decedent's E	ducation		16a. Deced	lent's Usue	i Occup	etion Juring most of world	kina	16b. Kind of B	usiness/Ind	fustry
at Hygiene. d other than "nature went, the Medical. Be Completed	Elementery/Sec		Coilege (1-	4or 5+))	\mu_y			
Co	10				Но	usew	ife			Own H		
Went,	The contract of the contract o	(First, Middle, Last	•					18. Mother's Nem			ne)	
arkad atic en To E	Ramano	Nelson						нетеп	Anders	son		
in in in in in in in in in in in in in i		ieme/Reletionship			19b. Meilin	g Address	(Street	end Number or Ru				
3 ac tr		d Hiltz	/ son						Baltimo			
int: If its		sposition Cremetion 3 [5 Other (Special			iace of Dispo emetery, cren ly Re			Cem. 3	Dete /23/96	20c. Location - Balti	7	
Depart Import any in anse	anti	unerel Service Lice the discuss, or comert feil must be the configuration of the configuratio	t Cor	used the death	1	Conn	ell	ss of Facility Y Funer Llers P g, such es cardlec	oint Ro	3 212		1k Approximate Interval Between
een signed by the attending physician and polymer hould be detached for use as the burial-transit and physician/Medical Examiner	immediate Cause disease or condition resulting in deeth) Sequentially list condition if any, leading to include a cause. Enter Und Cause (Disease or that intilated even resulting in deeth)	onditions, mmediate artying r injury s		Due to (or Sps)	r es e conseq	uenca of): uence of):		1)zhun	Λ1 <i>7</i>			
the a hed f	Pert II. Other sign	ficant conditions	contributing to dea	ath but not resu	liting in the ur	nderlying ca	ause giv	en in Pert I.	23b. Did to	obacco uee co	ntribute to	the cause of death?
detac									1 🗆 Y	ee 2 No	3 Prot	unknown
s been s 2 should pleted									24a. Wes a perior	in autopsy med?	COI	ore autopsy findings sileble prior to mpletion of cause death?
page Com									1□ Y	es 25No	10	Yes 2 No
s certificate director, pag	25. Was case refe examiner?	rred to medicai						28. Pleca of Dee	th (Check only or	ne)		
20	1 Yes 2 ☑	No	Hospitei:	patient 2 1	ER/Outpetien	t 3 DO	A Oth	er: 4 Nursing H	ome 5 Resid	enca 6 Oth	er (Specifi	y)
= 100 a =	27. Menner of Dec	th 5 Pending investigetio		injury , Dey Year)	28b. Time of Injury	M 2	8c. Injun Worl	yat k? Yes 2 □ No	28d. Describe h	ow injury occur	red	
within 24 hours after death. To the Funeral Director: After t completely filled in by the funer. Medical Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Place	of Injury - At ho g, etc. (Specify	me, ferm, str	eet, fectory	, office		28f. Location (S City or Town		ber or Rura	I Route Number,
within 24 hours after d To the Funeral Direct completely filled in by Medical Certiff	29e. Certifier (Check only one)			sis of exemineti				ne, dete end pieca, pinion, deeth occur				
omple omple	29b. Signeture en	titie of certified	1.			290	. License	e number	2	9d. Date şigne	d (Month,	Day, Year)
s F 0		,/ V	MA			1	211	79N		3/1	10	,
	20 Nome and a 1	U	nompieted	of death #1	02a) (T	Date (/ / 0	000		1/10	171	
-		ress of person who				-				6 6	27/200	2
State	31. Dete filed (Mod	n D. Mi	iner, N	1.D. 4	U6 Ea	ster	n B	Lvd Ba	Itimore	, Md	2122	1

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State of Maryland / Department of Health and Mental Hygiene 96

						Cei	tificate o	of Deati	h	Re	g. No.		00-110
TEL CAL	. 1	1. Decedent's Nar	me (First, Middle, Li	rst)						2. Dete of Death	1		3. Time of Death
Physic		KA	THERINE	R. DuF	RATNOT					Month March 20	Dey	Year	3:30 am
/Medi Exami			(If not Institution, gi					4b. City, 1	Town, or L	ocation of Death	4c. Count	y of Deeth	
LXUIII	1101	1630 Wil	lliams Av	enne				Esse	v		Ra	ltimo	nro.
Funerai	н	5. Social Security			7. Age (In yrs. le:	st birthday)	If Under 1 Ye	ear If Unde	er 24 Hrs.	8. Date of Birth (Month, Day,			
Director		219 36 2	045	1□M 2□F	92	Yrs.	Months De	ys Hours	Min.	Jan, 4,	Year)	Cou	plece (Stete or Forei ntry) ¡inia
		Usual Residence		Λ	12					Jan, 4,	1904	virg	шпа
wor II	F	10e. Stete	10b. County		10c. City,	Town or Lo	cation						10d. inside City Limit
Mar Mar	to	Maryland	Baltimor	20		Esse	v						1 ☐ Yes 2 ☐ N
28	9	10e. Street and No					10f. Zip Coo	le		10	g. Citizen of	Whet Cou	intry?
3a o	Funeral Director	1630 Wil	liams Ave	nue				21221			USA		
Seett Tre 2	era	11. Marital Stetus	LIGHT TIVE		dent Ever in U,S.	13. \	Wes Decedent	of Hispanic C	Prioin? (Sp	ecify Yes or No-			ican Indien.
ther c	Ē		ried 2 Married	Armed For 1 ☐ Yes		1	f Yes, specify C	cuban, Mexic	an, Puerto	Rican, etc.)	Bla	ck, White,	, etc.
should be filed within 72 hours efter deeth with the Maryland nd Mental Hygiene. marked other than "natural", or liems 23s or 28s-f show immite event, tra Mexical Examinet must be notified as	þ		4 Divorced	If Yes, Give Yeer or De	8		l□Yes 2√x	No Specif	y:		Specil	Whit	te
2 hot	P		15. Decedent's E	ducetion		16a. Deced	lent's Usuel Oc	cupation			16b. Kind of B	lusiness/ir	ndustry
nin 7	Completed		ecify only highest gr			(Give	kind of work do	ne durina ma	ost of work	ring			
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Mental Mental arked o	To Be	Jacob	Ε.	Sowers				Ro	sean	ne m	utwile	7	
12 should h end Mer is marke raumetic	-		Neme/Rejetlonship			19b. Meilin	a Address (Str			al Route Number,		_	n Code)
~ 6 8 8		Eura Lee			iend)					ex, Mary			,
is 1 end if Health Item 27 if oother tra		20e. Method of Dis			20b. Ple	ce of Dispo	sition (Neme o	•			20c. Location		own. Stete
00 = 5		1 Burial 2	Cremetion 3		stete		netory or other						
permit. Per Department important: any Injury once.		-	5 Other (Speci	**	Holl		1 Mem.			22/96 B	altimo	re Co	ounty, Md.
Departmine important sny injur		21. Signature of F	uneral Service Lice	nsee	Λ	22 B	Name and Ad	dress of Fac	ility	l Home P	Α		
70 = # O		1	13	2	Jh_					altimore		221	
355		23a Fart Enter	the disease, or coment feilure. List only	plicetions that	used the deeth,								Approximate Intervel Between
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res that the death igned by the etter be detached for u	Physician	Part II. Other signi	ificant conditions	contributing to de-	ath but not resulti	ing in the	nderlying cause	given in Par	1 1	23h Did to	hacco see or	ntribute t	to the cause of deat
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that hed to deti	by P	_CHRONI	C RENAL	FAILU	RE, DEN	MENTI	A, DI	ABETE	S	10.70	- XINO	2 - F10	, Datery 4 11 Ollikho
requires that the seen signed by th hould be detache										24e. Wes er	autopsv		ere eutopsy findings
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has ye 2	dm												death?
cate ha										1 ☐ Ye	s 2 540	1	☐ Yes 2☐ No
Physician: The this certificate and director, pag	Be	25. Wes cese refe exeminer?	74	Hoppital					ce of Deet	th (Check only one	9)		
Physic this c	2	1 ☐ Yes 2	9No			R/Outpatien			Nursing Ho	ome 5 Reside		-	ify)
fler t	i o	27. Manner of Dee 1 ☑Neturel	oth 5 ☐ Pending	28e. Dete o (Mont/	f Injury n, Dey Yeer) 2	8b. Time of Injury		njury at Work?		28d. Describe ho	w Injury occu	rred	
eath. or: After the fune	Certification:	2 Accident	investigetion				М	I□Yes 2[No				
n by	E	3 ☐ Suicide 4 ☐ Homicide	determined	28e. Piece	of Injury - At hom g, etc. (Specify)	e, farm, stre	eet, factory, off	CB		28f. Location (Str. City or Town)	eet end Num. , State)	ber or Rur	al Route Number,
T Delli	C												
dely ii	edicai	29a. Certifier (Check only	1 Cartifying Pt 2 Medicai Exa	miner: On the be	sis of examinetion					end due to the ce red et the time, de			
To the within 2 To the comple	Med	one) 29b. Signeture end	title of continu	and menn	er Steted.		200 Lin	ense numbe		200	d. Date signi	ad (Month	Day Yearl
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		DR.	JOHN J	. LOH	1124	MACE	AVE.	BAL	CIMO	RE, MD.	2122	2.1	
Sta	ate	31. Dete filed (Mor		9 n. 32. Re	gistrar's Signetur	re							
Regist	rar	MAR 25	1996	1 Day	dson-Hand	Alle	, .						

Secretary of the secretary

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State of Maryland / Department of Health and Mental Hygiene 96 084,77

						Cert	ificate	e of	Death		R	eg. No.		
	•		1. Decedent's Neme (First, Middle, La	est)							2. Dete of Dee			3. Time of Death
Pr	nysicia	an	Gladys	Mae	Er	nsor					Month	Day	Yeer	11.001
//	Medic	al				1001						23, 19		11.111
E	kamin	er	4e. Fecility Neme (If not Institution, gir	e street and number)				- 1	4b. City, 10	wn, or L	ocation of Deeth	4c. Coun	ty of Death	
		J	1003 M Misty Lynn	Circle					COCKE	YSVI	LLE	BALT	IMORE	
Fur	nerai		5. Sociei Security Number 6.	Sex 7. Ag	ge (In yrs. last bi		If Under Months		if Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Day			niece (State or Foreign
Dire	ctor		164-22-8557	1□M 25XF 6	6	Yrs.	WOITIS	Deys	riours	Wiff.	June 17		Ma	ryland
77			Usual Residence of Decedent								10 0110 17			7 2010
rlan	1		10e. Stete 10b. County		10c. City, Tow	m or Loca	ation						1	0d. Inside City Limits
Man	20	ō	Maryland Baltin	nore	Cor	ckevs	svill	l e						1 ☐ Yes 2 ☑ No
the 288	DSD.	Director	10e. Street and Number				10f. Zip				-	0g. Citizen of	What Cour	ta/2
ti y	2		1003 M Misty Lyr	n Cirolo			210					USA	THIRL COU	lti y r
23 at	Ħ	Funeral	1005 H HISLY Lyl									USA		
8	1	nu lu	11. Maritei Stetus	12. Wes Decedent Armed Forces	Ever in U,S.	13. We	es Decede Yes, spec	ent of H	lispenic Ori en, Mexican	gin? (Sp	ecify Yes or No- Rican, etc.)		eck, White,	
0 4 5	용		1 Never Merried 2 Married	Armed Forces	No		□Yes 2		Specify:				TO STATE OF THE PARTY OF THE PA	
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21215-0020 d within 72 hours after death with the Manyland giene. r then "natural", or frems 23s or 28s-f show	edical Examiner must be notified at	Completed	15. Decedent's E	ducation	16e	. Decede	nt's Usue	i Occup	etion			16b. Kind of		dustry
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vithin iene.	The M	E	7	College (1-40)	Foo	od Pi	repar	cer				Food	Servi	ce
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arylan should b nd Mente	traumatic event,	70	Benson Tawney								Brown			
lar end end	aur		19e. informent's Neme/Reletionship	(Type, Print)	19t	. Meiling	Address	(Street	and Number	er or Rui	ral Route Number	City or Tow	n, State, Zic	Code)
	77		Mrs. Linda L. H	uber/daugh	ter	127	708 F	Fork	Rd.,	For	ck, MD 2	1051		
F Hart	8		20e. Method of Disposition		20b. Plece of	f Disposit	tion (Nem	ne of				20c. Location	- City or To	own, State
To page	7 00		1 Buriai 2 Cremetion 3 C 4 Donetion 5 Other (Special							1	2/27/06	n 1		
altimore, mit. Pages 1 ar partment of Haa	흔	-	21. Signature of Funeral Searce Line		pover				ss of Fecilit		3/27/96	Butl	er, M)
Base Base	eny le		21. Signature of Popering Section (Inc.)	201	ecta)						ne of Du	lanev	Valle:	Tnc
_ 20=	8 CI		Clowe 1570	Tempon		10) LI	Dad	onto	DA	Timonia	MD	21002	y, Inc.
c			23a. Part1. The minute asso, or com shock, or heart fellure. List only	plicetions thet cause	d the deeth. Do	not enter	the mode	e of dyir	ng, such es	cardiec	or respiratory err	est,	21032	Approximete
Physic	cian		SHOCK, OF Heart fellure. List only	one ceuse on eech i	me.									intervei Between Onset and Deeth
/Med			immediete Ceuse (Finel	17				_	10	1.	()_	0		
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), executed in end	rans	Examiner	Sequentially list conditions.	D	Due to (or es e	conseque	ence of):							
0 8 8	트		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying											
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Ph licat	s th	8	resulting in deeth) Last		Due to (or es e	conseque	ance or):						1	
× 6 =		3		d										
Geath death	or u	20											1	
o de	detached for us	Physician	Pert ii. Other significant conditions of	contributing to death b	ut not resulting i	n the und	derlying ca	ause giv	ven in Pert i		23b. Dld to	bacco use c	ontribute t	the chuse of death?
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Plan is	P										24a. Was a		24b. W	ere autopsy findings
requi	should	Completed									perfor	med?	00	ellable prior to impletion of cause
Rec s law	N	d											of	deeth?
E st se	Ged	Ö									1 🗆 Y	es 2 100	1[☐ Yes 2☐ No
of Vital Records, Physician: The law requires ti	tor.	Be (25. Wes case referred to medical						26. Piece	of Deet	th (Check only or	10)		
Of Vita Physician:		2	examiner3 1	Hospitel:	ent 2 ER/O	strations	3□ DO.	A Oth	or		ome 5 Preside		ther (Specif	(A)
O A H	20		27. Manner of Death	28a. Dete of inju		Time of				ising ric	28d. Describe h			y/
on ding	fune	o	1 ☐Naturai 5 ☐ Pending	(Month, Da		Injury	М	Wor		No		,,		
VISION Attending or death.	the	cat	2 Accident investigetio 3 Suicide 6 Could not b				IVI		Yes 2	INO				
Division or Attending after death. Director: After	2	ertification:	4 Homicide determined	289. Piece of in	ury - At home, fe c. (Specify)	erm, stree	et, fectory,	, office			28f. Location (Si City or Town		nber or Rura	al Route Number,
D Part	filled in by the fune	Ö												
Hospital	Ę	83		ysician: To the best										
목정류	-	ğ	(Check only one) . 2 Medical Exam	niner: On the basis o end menner st	f examinetion en eted.	d/or inve	stigetion,	in my o	plnion, dee	th occur	red et the time, d	ete end piece	e, and due to	the cause(s)
To the Hospital within 24 hours To the Funeral	d l	\$	29b. Signature and fittle of certifier				290	Ligens	e number		2	9d. Dete sign	ned (Month.	Day, Year)
18.00	0	1	1666 6	TET)		5	1	_>		2 -	3-73			
	-		" WIRIE	1626	nn	ell	101	D	-09	35	9	5-	13	-96
1 .		f	30. Neme and eddress of person who											
			Charles O'Don	nnell, M.D	., 111	Hamle	et Hi	i11	Rd.,	Balt	to., MD	21210		
	Staf	e	31 Date filed (Month, Day, Year)	9 a. 32 Registr	er's Signeture									
Po	aistra	25	MAR 25 1996	a Davids	~- Randess									

Registrar

A Sec. 18. MARCH SERVICE CONTRACTOR

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State of Maryland / Department of Health and Mental Hygiene 96

							Cer	tificate of	Death		Re	eg. No.		0410
Extrained Frances F	DI.			1. Decedent's Nema (First, Middle, Las	st)						2. Dete of Deet	th	100	3. Time of Death
Estimated A Facility News of Test institution, for a new dark stunded) Furnition Furn			_	Betty France	s Everson						March	23,19	96	12:05pm
Social Security Number Social Security Num			_						4b. City, To	own, or Loc	cation of Death	4c. County	of Deeth	
The Bolton Baltimore 10. Coulse 10. Cou				Stella Maris H	ospice							Balt	imore	
The Bolton Baltimore 10. Coulse 10. Cou				212-24-0014	DM offic		",			24 Hrs. Min.	8. Data of Birth (Month, Dey, farch 18	3, 1927	9. Birthplace Country Penns	a (Steta or Foreign ylvania
Emerging Condary (P-12) College (1-4or 5+) House Wife House Wi	and w		+		10c. C	City, Town	or Loc	cation						
Emerging Condary (P-12) College (1-4or 5+) House Wife House Wi	Maryl -f sho	e pai	ō	Maryland Baltim									1.00	
Emerging Condary (P-12) College (1-4or 5+) House Wife House Wi	1 the	not	20								1	0g. Citizan of	What Country	n
Emerging Condary (P-12) College (1-4or 5+) House Wife House Wi	h with	10	0 0	317 N. Marlyn	Avenue			2122	1			U.S.A.	-	
Emerging Condary (P-12) College (1-4or 5+) House Wife House Wi	deal		ner	11. Marital Status	12. Wes Decedent Evar in	U,S.	13. V	Vas Decedent of	Hispanic Or	igln? (Spe	cify Yaa or No-			
Emerging Condary (P-12) College (1-4or 5+) House Wife House Wi	ours after	Examine	6		1 ☐ Yes 2 No If Yes, Give			_			110011, 610.)			
The property of the property o	D-C 72 hc	SES	ete	15. Decedent's Ed	ucation da complated)	16a.	Deced (Give I	ent's Usuel Occi	upation e durina mos	at of workin	ng	16b. Kind of B	usiness/Indus	stry
The property of the property o		3	d d						ed)	N OF WORKIN	.9			
Physician Phys	y being y	7,	ဂ္ဂ				Hou	se Wite	10 14-15	ada Blanca	(Elma district d			
A Consider of Science (Specify) 22 Name and dozes of Figuilty Physician Ph	and in the first		m										ne)	
A Consider of Science (Specify) 22 Name and dozes of Figuilty Physician Ph	d Me		۲			19h	Moilin	n Address /Stree					State Zin Co	ada)
A Consider of Science (Specify) 22 Name and dozes of Figuilty Physician Ph	Ma d 2 s lith an													
A Consider of Science (Specify) 22 Name and dozes of Figuilty Physician Ph	Hear Hear	OTHE	+	20e. Mathod of Disposition	20b.	Plece of	Dispos	ition (Neme of			-			
Physician // Manual Pland Cype Course (Fine) and the death Do not enter the mode of dying, such as cardiac or raspitatory areau. 14.07 Eastern Ave Essex, Maryland 2/1201 International and the death Do not enter the mode of dying, such as cardiac or raspitatory areau. International Examiner International Examine	age ant of	7 04		1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specific	Ramoval from State					ru3/	25/199	61+im	oro M	bacland
Physician // March 23 a Part Enter the disease, or compliations the death. Do not enter the mode of dyling, such as cardiac or respiratory areal. 1407 Eastern Ave Essex, Maryland 21201	artm ortan		-			CCII	-				23/178	et CTIII	ore, Ma	arytand
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2 200 2 100 and the transfer of the transf

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last	ŋ				2. DATE OF DEATH		3. TIN	E OF DEATH
	Maryellen C.	Fulwider	Fu	la ide	1		1996	YEAR 2	140 M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE	(Stelle or Foreign
- 8	307-12-0929	1 🗆 M 2 😾 F 7	8 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1-5-18		India	ana
1	9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY	Y OF DEATH	
DIRECTOR	PENINSULA REGIO	NAL MEDICAL C	ENTER	SAL	ISBURY		WIC	COMICO	
IRE	Md. Wi	.comico		OWN OR LOCAT				L	NSIDE CITY
	10e, STREET AND NUMBER				. ZIP CODE		10c CITIZE	N OF WHAT C	YES 2 NO
FUNERAL	200 N. Sarat	oga Street		10.	2180)4	log. Citizes	U.S.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	s or No- 14	Black, White	nerican Indian,
BY F	1 Never Married 25 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 X NO Specif	y:		Specify:	
	ACCES								white
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT'S US (Give kind of wor	k done during mo:	ON st of working	16b. KIND OF BU			
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r				lic an		ivate
M	17. FATHER'S NAME (First, Middle, Last)	4+	educato	or			cation	1	
		6				ME (First, Middle, Maide	,		
BE	Garnet R. Ch	aree				a Spiegel			
2	19a. INFORMANT'S NAME (Type/Print) R. Paul Fulw	ider				Route Number, City or To			21804
	20a, METHOD OF DISPOSITION XIX Burlel 2 Cremetion 3 Re	201	PLACE AND DATE OF	DISPOSITION (Ne	me of	DATE 20c. L	OCATION CIT	ly or Town, St	rte
	4 Donation 8 Other (Specify)	F	Red Men (Cemete	ry	3/9 Se	elbyvi	ille,	Del.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	,	22. NAME AN	D ADDRESS OF FA	CILITY	P. O.	Вох	87
	* Fatricia	L. Den	us	Denn	is Fune	eral HOme	'Snow	Hil.	1,Md.218
	23. PART I. Enter the diseases, o	r complications that cause	d the deeth. Do not					1,	Approximate
	immediate cause (Finel	e. List only one ceuse on e	each line.						Interval Batwean Onset and Death
	disease or condition	michoro	den					j 1	49/1N
	resulting in death)	8	CONSEQUENCE OF):						1000
-	_	Me to Son	TIL GAVE	VYTTYVA	we ball	levan	2010	two.	
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF)	301 13 1	1		Pic	1	
IA I	cause. Enter UNDERLYING	6						9	
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	1					
CERTIFICATION	resulting in deeth) LAST	d							
									-
AL	PART II, Other algorificent condition	A . C C 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	out not resulting in	the underlying	g cause given in	Part I. 24a. WAS A	N AUTOPSY DRMED?		AUTOPSY FINDINGS ABLE PRIOR TO
MEDIC		MY CATIVOT TO	- mick	MONI	\sim	1 YES	2 NO	OF DE	LETION OF CAUSE
ME	demond					/	0	1 🗆	YES 2 NO
ä	DID TOBACCO USE CON	ARIBUTE TO CAUSE C	OF DEATH YES		UNCERTAL	NA			./
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH			T Y			
SIC	1 TES 2 NO	NOSPITAL:		THER: Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
Ě	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
ВУР	Natural 5 Pending		INJUR	M 1 🗆 1					
	2 Accident Investigation 3 Suicide 8 Could not b	26s. PLACE OF INJURY	Y — At home, term, str	et, factory, offic	•	281. LOCATION (Stree		Rural Route N	lumber,
TED	4 Homicide determined		CHY)			City or Town, Stat	9)		
<u>_</u>	294. CERTIFIER CERTIFYING PHY	YSICIAN: To the beat of my know	eledos desth occurred	et the time date	and place, and due	to the sever(s) and m			
COMPLET	anal	INER: On the besis of exemination							manner as stated.
	296) SIGNATURE AND THELE OF CERTIF								
BE	That I WILL	(m - Ma)			DIG DA	MBER	29d. DATE(S	SIGNED (Mont)	n, Day, Year)
0	30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CALLOR OF THE	CATH STEM OF ST.	-last	2741-	F1 -	1.7	OL W	5/
	Janes Waso	N \$95 EC	WOLLEN TO LABOR DE	37 50	218ar	am n	218	16	
			VATURE	3		1	-		
6	31. DATE FILED (Morith, Day, Year) • MAR 0.7 1996	2. REGISTRAR'S SIGN	Parlet			•			

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	NE	00400
		REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) PARTITION OF DEATH 2. DATE OF DEATH A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 173, lest birthdey) MONTHS MONTHS MONTHS DAYS HOURS MONTHS MONTHS DAYS HOURS MONTHS MONTHS MONTHS DAYS MONTHS MO	20 /9	3. TIME OF DEATH INTERPLACE (State or Foreign
2, 3 should	TOR	9e. FACILITY, NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH	9e, COUNTY	RUSSIA OF PEATN VI A OMERV
permit. Pages 1	AL DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. STATE 10b. STREET AND NUMBER 10f. ZIP COOK	I son CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO
DZU physician. burial-transit	Y FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 3 NO If YES, GIVE WAR OR DATES 13. Was DECENDENT OF NISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:	ea or No.—] 14, I	RACE — American Indian, Black, White, etc.
tal or attending for use as the	LETED BY	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secgndary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BU	USINESS/INDUSTI	White
ed by the hospital uld be detached to	Ш	17. FATHER'S NAME (First, Middle, Leat) RUODH 16. MOTNER'S NAME (First, Middle, Maider ACOD RUODH 17. FATHER'S NAME (First, Middle, Maider) ACOD RUODH	MAZ	Tome.
ay be retained page 5 should be notified	2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 197. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 198. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Number, City or For 197) 199. MAILING ADDRESS, (Street and Number or Rural Route, Numb	N. Poto	mac Mo
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B		Deen P. Charten Charken EH. 2007 E.	nsterni	Ave BoH. Mo.
within 24 houn spletely filled in cremation, or r		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reap ahock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. An foroseptor in your of infants, for our cardiectors or condition resulting in death) Due to (or as a consequence or): Is themic cardiomy oputh y		Approximata interval Between Onset and Daath 2 days
ate be execused by sician and prior to bur	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		years Years
H H	CERTIFI	reaulting in death) LAST		
e law requires that the dea has been signed by the att Dept. of Health and Menta 123 shows any Injury,	MEDICA	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: The law icate has be State Dept.	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)		
SICIAN: The Certificate the State	HYSI	1 YES 2 NO 1 Input 2 ER/Outpet 1 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)		
The state of	ву РР	1 Netural 5 Pending (Month, Day, Year) State Time of Worker Worker Worker 1 YES 2 NO	INJURY OCCURE	D
OR ATTENDING DIFFECTOR: After nous after death	ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A1 home, 1arm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street City or Town, State)	and Number or Ru)	ral Route Number,
HOSPITAL OR A FUNERIAL DIFFEC PITTO 72 hours MNT. II HEIT	COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and maintain one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and the sum of the cause(a) and maintain one of the cause(b) and maintain one of the cause(b) and maintain one of the cause(b) and maintain one of the cause(c)		se(a) and manner as stated.
THE STATE	0	296. D 2 3 9 5 8	> 3/2	NED (Morth, Day, Year)
(1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/100, Print) But I. Feldman, M.D. 6/05 Montrose Rd. Rockille	2, MD	20852

and the same

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item16a, b, Film733, 3/25/96, 1t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** RUSSELL 6.40 Am FABISZAK 1996 MARCH 20 William /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE

If Under 1 Year If Under 24 Hrs. 8. Dele of Birth
Months Deys Hours Min. Feb. 5, 1944 Good Samaritan Hospital 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** 10 M 2□ F MARYLAND 52 Yrs. Director 218-44-5304 with the Menyland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show traumetic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director MARYLAND BALTIMORE BALDWIN 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter death v. Decentment of Health and Mental Hyglene. Important: If I fem 27 is marked other than "natural" and smith in the control of the contr 5344 Sweet Air Rd. Funeral USA 14. Rece - American Indian, 21013 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bleck White etc. 1 Never Married 2 Amerried 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired ISPATCHER

American Ambulance 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry AMBULANCE TRANSPORT Elementery/Secondery (0-12) College (1-4or 5+) 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Jo-Bernard Fabiszak Josephine Tilutis 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Linda Chapman Fabiszak 5344 Sweet Air_Rd., Baldwin, MD 21013 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stele 1 Buriel 2 □ Cremetion 3 □ Removel from State 23 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Mem. GardensMARCH Timonium. MD 21. Signature of Funeral Service License 22. Name end Address of Fecility Lemmon Funeral Home of Dulaney Valley, Inc. Lowell M. Lemmon 20 Pant Drift the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximete Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical · CARGNOMA OF THE LUNG 3 months Examiner Due to (or es e consequence of) Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): physician s the burial Box 68760, Physician/Medical Due to (or es e consequenca of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Dld tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 D Unknown þ should should 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performed? 1 ☐ Yes 2 No certificate 1 Yes 2 No 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 Anpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 1 Yes 2 No this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Affer 1 Netural 5 Pending after death. 1 ☐ Yes 2 ☐ No 2 ☐ Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 2 4 Homicide Supplement of the last Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) end menner steled. 29e. Certifier Medical (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MBChB annu 1996 P09303 MARCH 20 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

OWUSU, GOOD SAMACITAN HOSP, 5601 LOCH RAVEN BLVD, BALTIMORE, MB, 21239

32. Registrer Signature

DHMH 16 Rev 6/95

State Registrar

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CERTIFICATION

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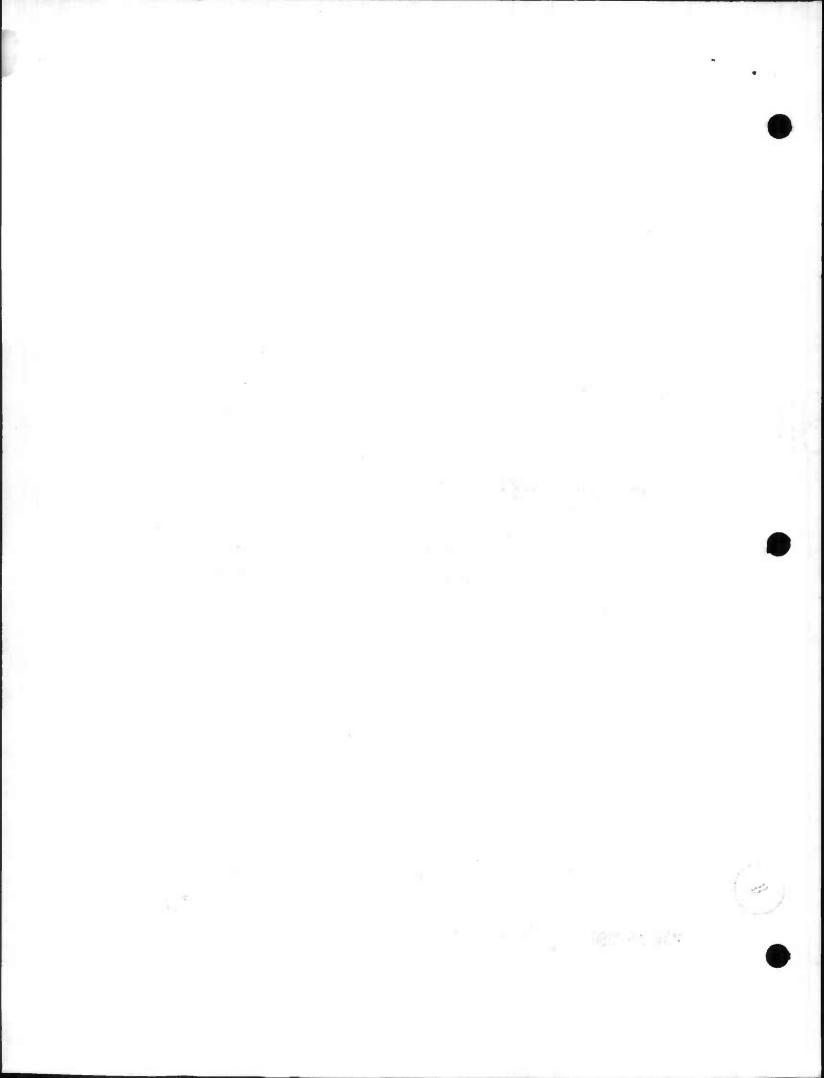
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1	ŝ	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	F
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF GEATH whman SITH ZX Florence 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 102 MONTHS DAYS HOURS 1 | M 2 | X | F VBC 218-36-0103 Feb. 14, 1894 Maryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Manor Care Towson Baltimore RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Towson 1 TES 2 INO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7609 Hillsway 21234 U.S.A. Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: 3 🔀 Widowed 4 🗌 Divorced White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementery/Secondary (0-12) College (1-4 or 5+) Homemaker 6 Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ridgely L. Griffith Margaret Stumpner 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy Holman (Daughter) 7609 Hillsway Avenue Towson, Maryland 21234 20b. PLACE AND DATE OF DISPOSITION Magnet Ch 28, 1996 20a. METHOD OF DISPOSITION

XBuriel 2 Cremetion 3 Removal from State 20c. LOCATION - City or Town, State Lorraine Park Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes 1630 Edmondson Avenue Catonsville, Maryland 23. PART I. Enter the diseases or caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest. Approximate shock, or heart fellure. List only Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) 0 Sequentisity list conditions, DUE TO (OR AS A CO if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 16 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 🖸 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only of EXAMINER? HOSPITAL: OTHER 1 TES 2 THO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Traing Home 5 - Residence 8 Other (Specify, 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) end menner as stated. 2 MEDICAL MANNETH Gut the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated LICENSE NUMBER 29d. DATE SIGNED (Month 0938



Please Type or Print In Black indelible Ink. Assure All Copies Are Legible.

item #22 film g733 ag State of Maryland / Department of Health and Mental Hygiene item#18 film g733 3/25/96 ag perFH Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month 19, Carolyn Flowers March 1996 7:28 am. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Sinai Hospital Baltimore None If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1□M 2XF Deys Hours Yrs. 204-30-2646 Director 64 Oct 24,1931 OK Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f show Examiner must be nothed at Md None Baltimore 1XYes 2□No Director 10a. Street end Number 10f. Zip Code 10g. Citizen of What Country? with 2848 Oakford Ave 21215 USA Funerai 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after one of Health and Mental Hygiene.
ntt if tem 27 le merked other than "natural", or item iny or other treumatic event, "e Modical Examinary or other treumatic event, "e Modical Examinary or other treumatic event," 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 1□ Yes 2 No Specify: Specify: Black þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) U.S. Government Unknown Unknown Clerk / Social Security Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Unknown Unknown MARY GRUBBS REDMON 19e. Informant'a Name/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2631 Beryl Ave.

20b. Place of Disposition (Name of cemetery, cremetory or other place) Baltimore, Md. 21205
Date 20c. Location - City or Town, State Clement Davis Friend 20a. Method of Disposition 1XBuriai 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: if any Injury or once. Cheltenham Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 3/26 Cheltenham, Md 22. Name end Address of Fecility THE DERBICK C JONES FUNERAL HOME 21. Signature of Funeral Service Licansee Park Heights Ave Balto. 21215 23a. Part1. Enter the disease, or complications that wused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final & hours acute Centroveraila disease or condition resulting in death) **Examiner** multiple eVREBRAL sician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of) physician s the burial Box 68760. 4 pertursion Physiclan/Medical to (or es e consequenca of) usa been signed by the atta should be datached for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown sion of Vital Records. þ 24b. Were autopsy findings evailable prior to Completed 24a. Was an autopsy performed? completion of cause of deeth? page 2 1 ☐ Yes 2 No 1 Yes 2 No Be 25. Was case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: 1 | Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Medicai Certification: To 2 ER/Outpatient 3□ DOA 28a. Date of Injury (Month, Dey Year) 27. Menger of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piaca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homlcide 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

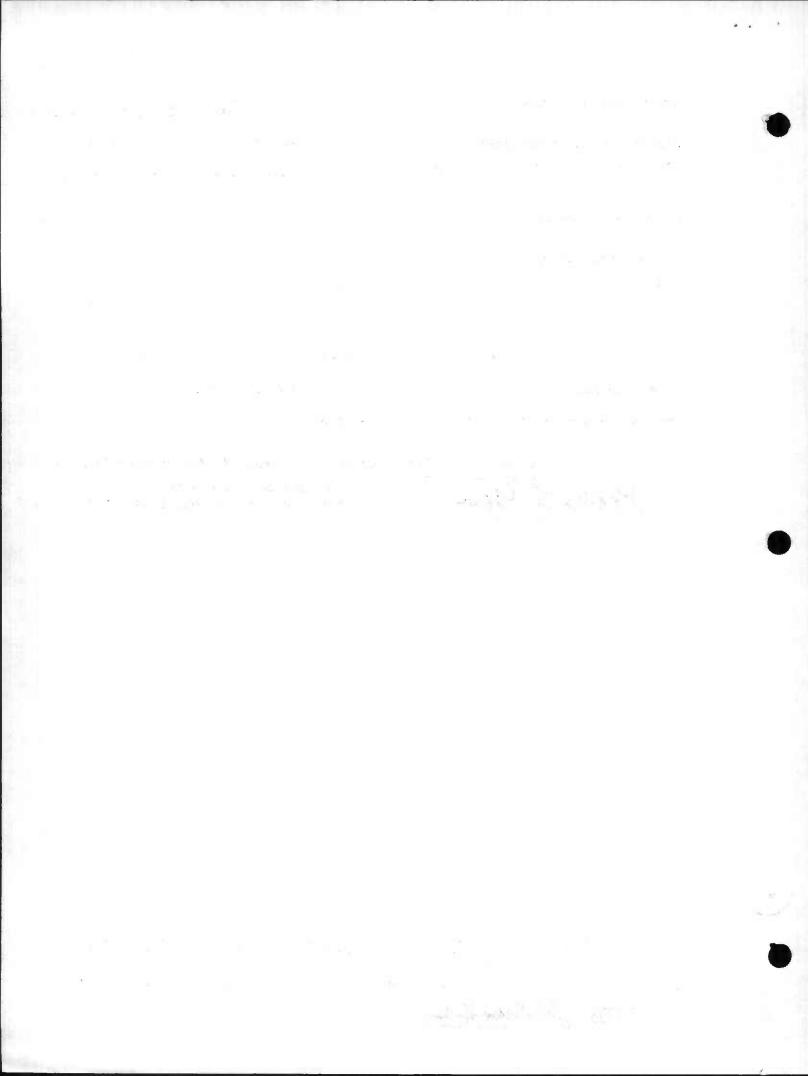
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of cartifier march 21, 96 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 2401 Belvedere JAVAID SHAFI 31. Date filed (Month, Day, Year) 32 Registrar's Signature July Davidson Randall Registrar MAR 2 5 1996

DHMH 16 Rev 6/95

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					or ivialyia		tificate of	Death		Reg. No.	0	8484	
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/Medica Examina			4e. Fecility Nama (If not institution	on, giva street and n	umber)			4b. City, Town, or L	March ocation of Daeth		996 of Death	1:47 P.M	
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Н	Funeral		5. Social Sacurity Number	6. Sax	7. Age (In yr.	s. last birthdey)	If Under 1 Yaar	If Undar 24 Hrs.			9. Birthpi	ece (Steta or Foreign ry)	
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Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland	D.	by Funeral Director	Usual Rasidance of Decedent						Triuguse	001110		TCO.FIG.	
	ahow ahow		10a. State 10b. Count			City, Town or Lo	cation				10	Od. Insida City Limits	
	Sa-f		Maryland Worcester Berlin								1 ☐ Yes 2/☐ No		
	or 2		10e. Street and Number 10f. Zip Code 10g. Citizen of Wi								What Count	ry?	
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	ours after death with the Manylan rst", or items 23s or 28s-1 show Examiner must be notified at		11. Marital Status 1 ☑ Navar Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	rried Armed F	2⊠No iva		Was Decedant of I f Yes, specify Cub I □ Yas 2 1 No	Hispenic Origin? (Spen, Maxican, Puerto Specify:	pecify Yas or No- p Rican, etc.)	Bla	e - America ek, Whita, a : Whit	itc.	
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yla	should be ind Mentel marked o	P	Donald Gerlach					Betty	Gatewood	d '			
Jar	~ 0 9 6		19e. Informant's Name/Ralation		,			and Number or Ru	ral Routa Numbe	r, City or Town,	Stata, Zip (Code)	
	5 5 6 5		Mrs. Betty Ger	lach (Moti			e as 10e		10 1				
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Division of Vital Records,	or Attanding Physician: The is effer deeth. Director: Affer this certificate he in by the funeral director, page		25. Was casa rafarred to medica axaminar?	Hoenitel:			_ Ott	26. Piaca of Deal					
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	6	-	30. Name and addrass of person	who completed caus	se of death /lin	m 23a) /Time	. ,	0 40 1	, , , ,			, _	
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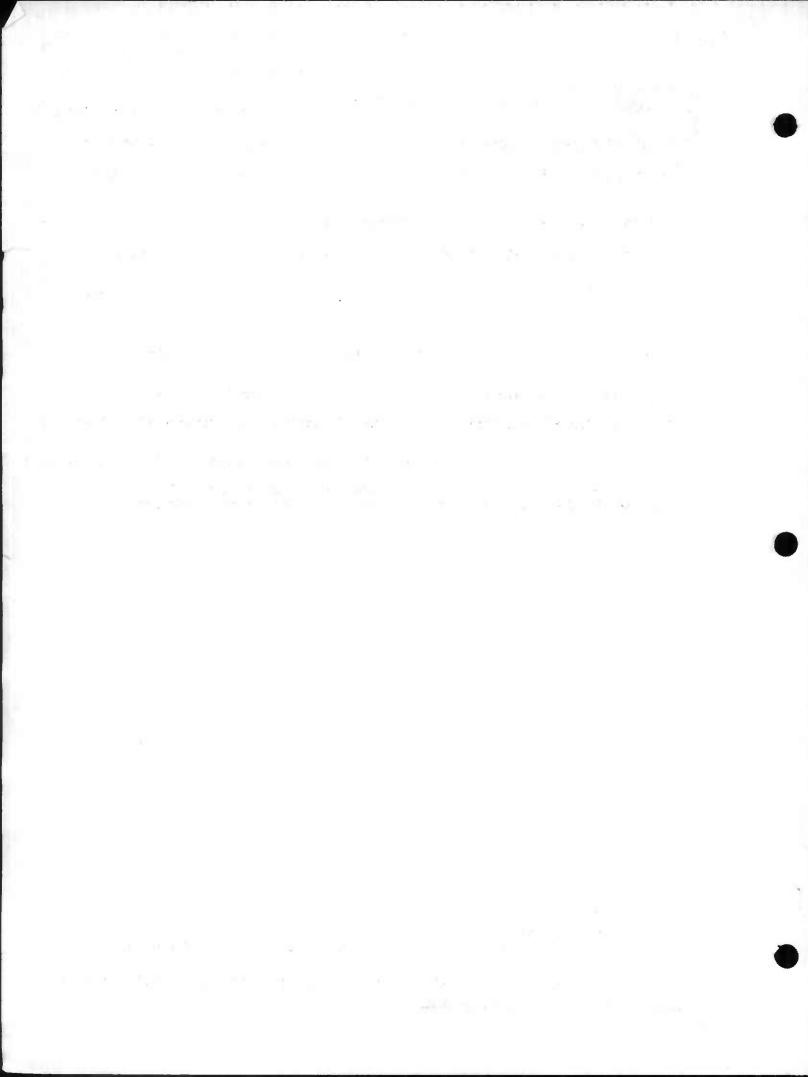
DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene Q 5

Phy	sician	item#1 film g734 1. Decedent's Nema (First, Middla, L	ast) GERARD			t Death	2. Date of De	Reg. No.	Yeer	3. Tima of Death
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dand w		10a. Stata 10b. County	10c.	City, Town	n or Location				10	0d. Insida City Limits
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTE

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A. Valle, Jr.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OBATN March 20,1996 **EDWARD GRUZS** J. 8:05 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 | F YRS Jan. 13, 1927 217 22 0156 Maryland Se. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1802 Hilltop Road DIRECTOR Essex Baltimore 10d. INSIDE CITY LIMITS? 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Essex 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1802 Hilltop Road USA 21221 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO 3 X Widowed 4 Divorced Specify: ВҰ White World War 2 ETED 15. OECEOENT'S EDUCATION ecify only highest grade complete 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Police Officer Baltimore County Government 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumeme) Palusiak BE Stanislaw Anna Gruzs 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Timonthy L. 8639 Heathermill Road Baltimore, Maryland 21236 Gruzs 20e. METNOD OF DISPOSITION

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1 Donation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Holly Hill Mem. Gardens 3/23/96 Baltimore County, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS O Bruzdzinski Funeral Home P.A. 1407 Eastern Ave Essex, Maryland 21221 23. PART V Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between Onset and Daeth IMMEDIATE CAUSE (Finel wa of the Lever disease or condition_ 00 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 - YES 2 X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO 💢 UNCERTAIN 🗆 26. PLACE OF DEATH (Check only or 25. WAS CASE REFEARED TO MEDICAL HOSPITAL: OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 YES 2 1 | inpatient 2 | ER/Outpatient 3 | DOA

27. MANNER OF DEATH

1 Natural 5
2 Accident 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es attated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as stated. MANUE AND TITLE OF CERTIFIER 21

1012 Old North Point Rd. Balt. Md.



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 8:20pm Melvin Hessenaver arch /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Johns Hopkins Bayview M.C. 6. Sex 12 M 2 □ F 8. Date of Birth (Month, Dey, Year) 9. Birthplace (Stete of Country) Jan 30,1923 Maryland If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (Stete or Foreign **Funeral** Montha Days Hours 217-14-2278 Yrs 73 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show edical Examiner must be notified at Dundalk Director Md Baltimore 1 Yea 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21222 USA 7417 School Lane 12. Was Decedent Ever in U,S. Armed Forces? 14∑ Yes 2 ☐ No ft Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indian, Bieck. White, etc. 1 ☐ Never Married 2 X Married 1 ☐ Yea 2 No ft Yes, Give Year or Dates: Specify: à White 3 ☐ Widowed 4 ☐ Divorced 1942 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Can Supervisor 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) should be Baltimore, Marylar merked Leonard D. Hessenauer Catherine Heselbach 2 Bnd 19e. Intermant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 at Department of Health and Important: If them 27 is n any injury or other treum poice. 7417 School Lane Baltimore, Md 21222 Dorothy Hessenauer / wife 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State tX Buriai 2 ☐ Cremation 3 ☐ Removal from State 3/25/96 Baltimore, Md 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
Connelly Funeral Home of Dundalk 23a. Part1. Enter the disearch or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert tailure dist only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) (an (e Examiner Due to (dr as e consequence of): Examiner (0 ag physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated eventa resulting in death) Last Due to (or as a consequ Box 68760. 9 Physician/Medical Due to (or as a consequence ot): 88 980 ò signed by the a Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ should l 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an eutopsy performed? Completed has 1 ☐ Yes 1 Yes 2 No Division of Vital 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA funeral 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 15 Natural 2 Accident 5 Pending or Attendination after death. 1 ☐ Yes 2 ☐ No investigation 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled in 29a. Certifier Medical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end piece, and due to the cause(s) end manner steted. (Check only one) 29c. License number 29b. Signature and title of certified 29d. Date signed (Month, Day, Year) 96006 3/23/96 MD 12 30. Name and address of person who completed cause of death (item 230) (Type, Print)

L Haberb Johns Hopkins Bayview Medical Center

DHMH 16 Rev 6/95

State

Registrar

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31. Dete filed (Month, Day, Year)

MAR 25 1996

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State of Maryland / Department of Health and Mental Hygiene 9 6 08488

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Wision of Vital Records, P.O. Box 68760, Attending Physician: В

28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury at Work? 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - Al home, farm, street, fectory, offica building, etc. (Specify) 4 Homlcide

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end placa, end due to the cause(s) end manner steted. 29b. Signature end title of certifier 29c. License number

D317

29d. Dete signed (Month, Day, Year) 3/24/1996

of death (Item 23a) (Type, Print) 500 N.

Rd. Catons Ville MD 2 par

Registrar

Medicai

death.

Direc

To the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96-1451-510 ITEM#1 film g733 ag perFH 3/25/96 Certificate of Death CIP 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month LOUIS THOMAS HARPER SR. MARCH 18, 1996 10:42AM /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner DRIVE #7I DRUID PARK LAKE BALTIMORE If Under 1 Yeer | If Under 24 Hrs. 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** 2/8-18-459/ Usuel Residence of Decedent 70 Yrs Director 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Marylono BA/timore 18 Yes 2 □ No Director 288-1 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U51 72 Berns 23s BrK Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American indian, Bleck, White, etc. 72 hours after 1 Never Merried 2 Merried ò 5-0020 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced 5/ack 'natural'. Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry re kind of work done during most of working DO NOT use retired) tary/Secondary (0-12) College (1-4or 5+) ABOYEI 9 MODE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be DR Emma 0 2 Baltimore, Mary 19e. informent's Neme/Relationship (Type 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ē WENDOLYA 234 BALTIMOVE, Ned 21205 Aughten MUENUE or other tr 20b. Piece of Disposition (Neme of cometeny, cremetopy or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete metery, crem .1 Buriei 2 □ Cremetion 3 □ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Carreten 22. Name and Address of Facility LATMAN 21. Signeture of Funerei Service Licersee 5340 Re15 TENSTUN RU Harris BALTIROK, Med 21211 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Betw Onset and Deeth **Physician** /Medical Immediate Cause (Final Hypertensive Arteriosclerotic Cardiovascular Disease diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): Physician/Medical Examiner burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): physician is the buria Box 68760, Due to (or es e consequence of): P.O. F been signed by the a should be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 文文Probably 4 ☐ Unknown **EMPHYSEMA** Records. þ 24b. Were sutopsy findings aveilable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed page 2 1 ☐ Yes XIXNo 1 ☐ Yes 2 ☐ No After this certificate of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitei: 1 ☐ inpatient Other: 4 Nursing Home XXH sidenca 6 Other (Specify) P XXYes 2 No 2 ER/Outpatient 3 DOA filled in by the funeral 27. Menner of Death XIXIXIturei Dete of injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident 24 hours after deat Funeral Director: 6 Could not be determined 3 ☐ Suicide 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital

completely within 2 To the To the

LARON LOCKE M.D. 31. Dete filed (Month, Dey, Year) State MAR 2 5 1996 Registrar

nature and life of certifie

29a. Certifier

29b. SA

Medical

111 Penn Street, Baltimore, Maryland 21201 22. Registrer's Signeture

eddress of person who completed cause of deeth (item 23e) (Type, Print)

1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner as steted.

XXMadical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated.

29c. License number

O.C.M.E.

29d. Dete signed (Month, Day, Year)

MARCH 18, 1996

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be entitled after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE OFFICE THE OFFI

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH			CERTIF	ICALE	: UF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, La	st)							OF DEATH			3. TIME OF DEATH	
	RANDOLF	H HI	GH					MONTI	RCH 19	AY 1	996	2226	рм
	4. SOCIAL SECURITY NUMBER	7	B. AGE (In yrs.	last hirthday)	IF UNDER	1 VEAR	IF UNDER 24 HRS.		OF BIRTH	1		2336 IPLACE (State or Fore	- Ch
	239-42-1894	1 M 2 D F		YRS.	MONTHS	DAYS	HOURS MIN.	(Month	-1932		Count	N.C.	ign
		-	64	1110.					-1932				
~	9a. FACILITY NAME (If not institution, gh						R LOCATION OF DE	EATH			UNTY OF D	EATH	
Ö	St Agnes Hospit	al			Bal	tim	ore				N/A		
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COU												
2					Y, TOWN O							10d. INSIDE CITY LIMITS?	
۵		lto			atons	VII	re					1 YES 2 N	0
¥	10e. STREET AND NUMBER					101	. ZIP CDDE			10g. CI	TIZEN OF V	VHAT COUNTRY?	
E	29 Garnet Ave	nue					21228			lυ	SA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. W	WAS DEC	ENDENT OF HISPAN	NIC ORIGIN	7 (Specify Ver	or No-	14 BACI	- American Indian	
	1 Never Married 2 X Merried	FORCES? 1 S		NO	11	yes, sp	ecify Cuban, Maxica	in, Puerlo F	ticen, etc.)			— American Indian t, White, alc.	'
BY	3 Widowed 4 Divorced	Kort			,	☐ YES	2XXND Specifi	У.			Speci	"Black	
0	15. DECEDENT'S E	DUCATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	DN .	166	KIND OF BU	DIMEGO/IN	DUCTON		
E	(Specify only highest gr		45.75	(Give kind of a life. Do NOT us	work done di	uring mo	st of working	100.	KIND OF BU	SINE 33/IN	DUSTRI		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		ngshor				I	nterna	ation	ral [Longshorema	an l
COMPLETED	7th grade 17. FATHER'S NAME (First, Middle, Lest)	N/A										2011931101 4110	~ .
							18. MOTHER'S NA Eirden	ME (First, A	fiddle, Maiden SON	Sumame)			
H	Will High												
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Aural I	Route Numb	er, City or Tow	n, State, Z	(p Code)		
-	Kay High			29 G	arnet	AV	enue Cati	onsvi	He,	Ma Z	1228		
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 R		20b. PLA	CE AND DATE	OF DISPOSIT	TION (Na	me of	DATE	20c. LO	CATION -	- City or To	wn, State	
	4 Donation 5 Other (Specify)	emoval from State	Gar	rison°	Fore	st	Vet	3259	96 Ow	ings	Mil	ls, Md	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE						CILITY					\dashv
	► Chah	100	a OV				F/H Wes					01015	
	Carre	Ill (1)				00						Md 21215	
	IMMEDIATE CAUSE (Final	e. List only one cause	o Dn aach I	ina.				h aa cerd	lac or reapi	ratory a	rreat,	Approximate interval Bate Onset and I	ween
Į.	disease or condition resulting in death)	BUE TOYO	COL	CLS	20	2						wat	<i>-</i> /q
ł		DUE TOYO	R AS A CON	SEDUENCE D	F):								
Z	Sequentially list conditions,	b											
CERTIFICATION	If any, leading to immediate	DUE TO (O	R AS A CON	SEDUENCE OF	F):								
2	CAUSE (Disease or Injury	C											
E	thet initiated events	DUE TO (D	R AS A CON	SEDUENCE OF	7):								
	resulting in death) LAST	d											
	PART II Other elemificant conditi	-											
EDICAL	PART II. Other eignificent condition	Q.			n the und	terlying	cause given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIND	
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	DID TOBACCO USE CON	ITRIBUTE TO CAU	SE OF DE	EATH YE	S N	10	UNCERTAIN	N Dar					- 1
¥.	25. WAS CASE REFERRED TO MEDICAL			ACE DF DEAT				71					
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:	:		A [] = 1					\neg
¥	27. MANNER OF DEATH	26a. DATE OF IN		26b. TIM		ng Home	e 5 ☐ Residence		1-177	t strong de d			
	1 Natural 5 Pending	(Month, Day,			URY	WO	RK?	26d. DES	CRIBE HOW I	NJURY OC	CURED		
À	2 Accident Investigation						ES 2 NO						
8	3 Suicide 6 Could not t	28e. PLACE DF I	NJURY — At c. (Specify)	home, farm, a	itreel, factor	ry, office			TION (Street a	nd Numbe	v or Rural R	loute Number,	
E	4 Homicide determined												
교	29e. CERTIFIER CERTIFYING PH	YSICIAN: To the best of m	y knowledge,	death occurre	d at the tim	ne, date	end place, end due	to the cau	se(a) and man	ner ee ete	ted		
COMPLET		NER: Dn the beals of axer										and menner as state	
									- Franci die				
HE A	SIGNATURE AND TITLE OF CERTIF	TEMP C.		1			29c. LICENSE NUN	ABER		29d, DAT	TE SIGNED	(Month, Day, Year)	\prod
0	mire	d. Jal	Mo	KUST	MY		P S SC	181		M	arc	h 20 (76
2	M. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type,	Print)	N			0				
Y	ST Mares To	lot.ale	900) (a	tor	1	WINI	11	1301	1.7.	no	12 Z1Z	RS
	31. DATE FILED (Month, Day, Year)	REGISTRAR	S SIGNATURE				7					,	
	MAR 25 1996	applia Davido	Mr-North	طالها									

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1 Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** /Medical Facility Nama (If not institution, giva street and number) 4b. City, To m, or Location of Death 4c. County of Death **Examiner** Sinai Baltimore NA Months Days Hours Min. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6 Sax 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F 217-26-9792 Director Usual Rasidance of Decedant death with the Maryland 10a. Stata 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Modical Examiner must be notified at 10d. Insida City Limits 1 ☐ Yas 2 ☐ No Director 40 Baltimore NA 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 4809 tort Avenue 21216 5.A Funerai 12. Was Decedant Evar in U,S. Armed Forcas? 1 ⊠ Yas 2 □ No If Yès, Giva Yaar or Datas: Korean Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amaricen Indian. 11. Marital Status Black, Whita, atc. filed within 72 hours after 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 XNo þ Specify: Black 3 Widowad 4 □ Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa, DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Coilega (1-4or 5+) Dipefiller Balto Gas + Elec Co Mth greide 17. Fathar's Nama (First, Middla, Last) permit. Pages 1 and 2 should be file Depertment of Haath and Mental Hy Important: If ham 27 is marked other any injury or other traumatic event once. 18. Mothar's Nama (First, Middla, Meidan Surnama) Be William 2 Harris lennings 19q. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) rest Washington 10a 140, Mel North Unthia Daughter 20a. Method of Disposition 20b. Placa of Disposition (Nama of 20c. Location - City or Town, Stata Data cematary, cramatory or other place) 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Forest arrison 21. Signature of Funaral Sarvice Licensee 22. Name and Addrass of Facility March F. H. West Balto Mil 21215 4300 AMERIC Wabash 23a. Part I Enter the duasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** Immediata Ceuse (Final disaasa or condition rasulting in death) /Medical Z MOS Examiner Examiner IVER CANCET certificata be axecuted attanding physician and for use as the burial-tran Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Diseasa or Injury that Initiated evants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 1 Yes 2 No 3 Probably 4 Unknown signed by E theoreo/15M Division of Vital Records, ģ 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed certificate has 1 ☐ Yas 2 No 25. Was cesa rafarrad to madicel axaminer?

1 Yas No Be 26. Placa of Daath (Chack only ona) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA Aftar this 28a. Data of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: Attending 5 Panding Invastigation daath. 1 Yas 2 No 2 ☐ Accident after death Director: 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) lled in by 4 Homicida 6 1 Certifying Physictan: To the best of my knowledge, death occurred at the time, date and piece, and due to the causa(s) and menner as stated.
2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only 2 ☐ Medicat Exa

29c. Licansa number

Suse of death (Itam 23a) (Type, Print)

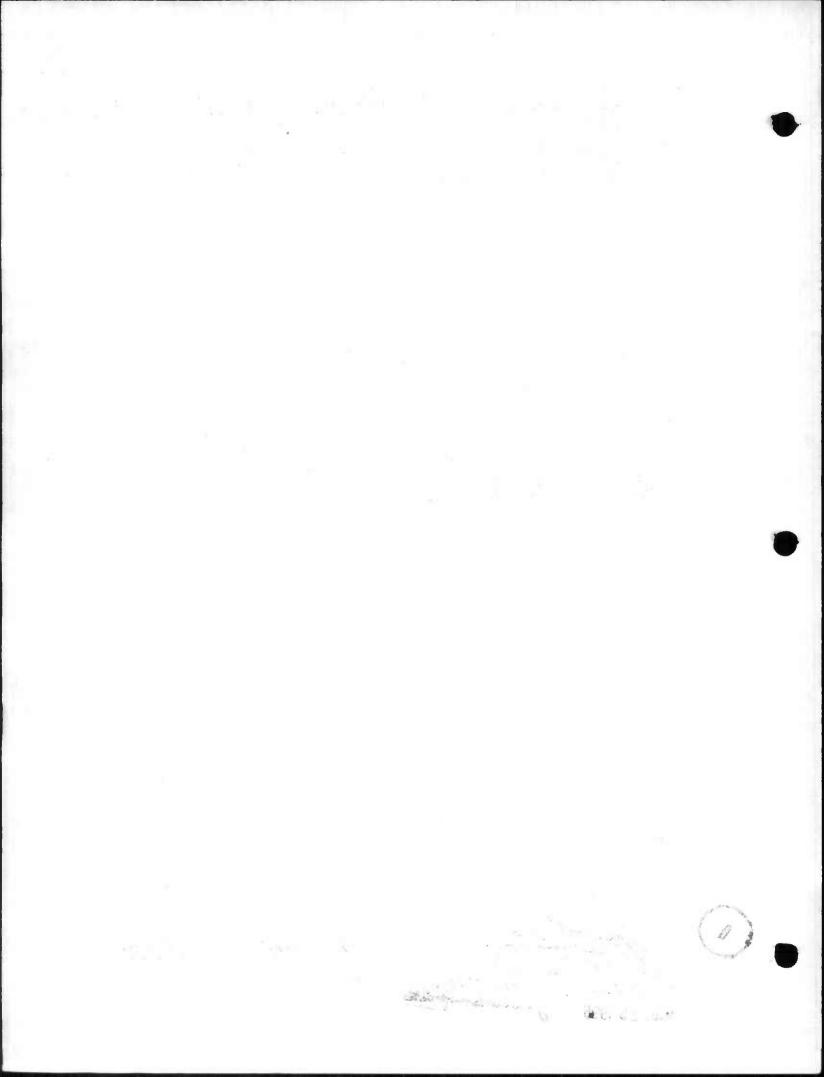
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29d. Data signed (Month, Day, Year)

State Registrar 29b. Signature a

30. Neme and address of person

31. Data filed (Month, Dey, Y MAR 25 1996



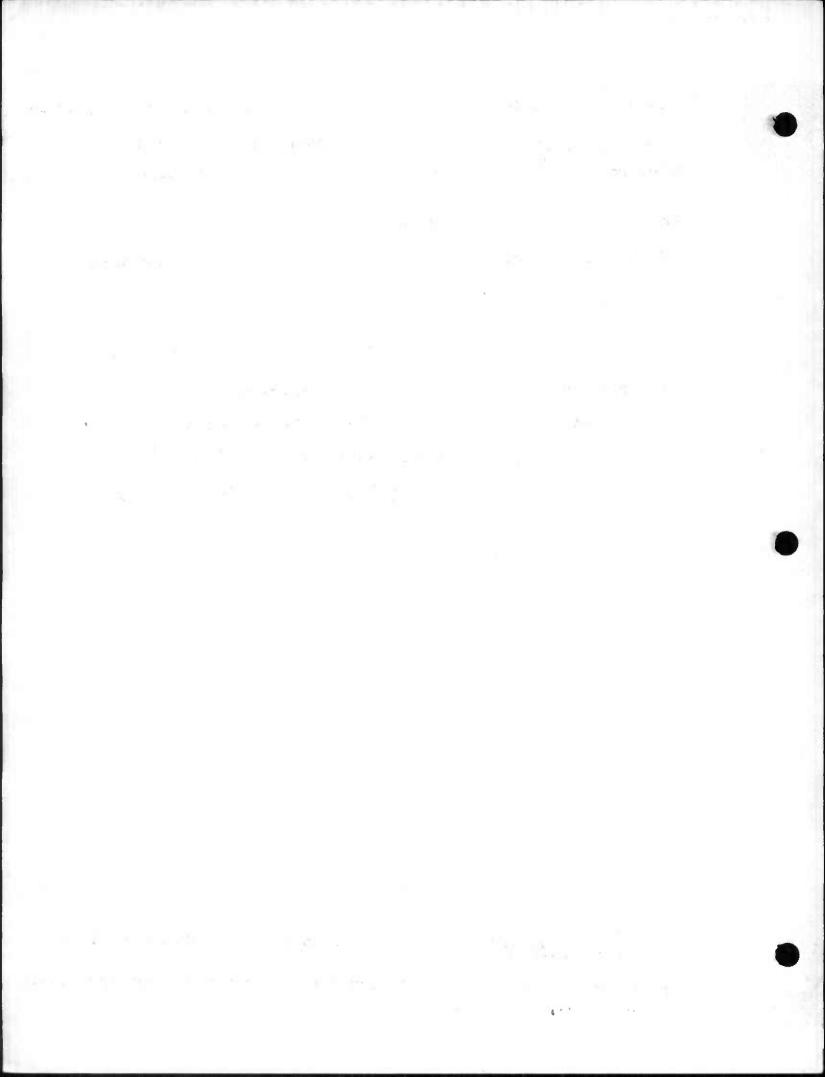
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State of Maryland / Department of Health and Mental Hygiene

Physic		em28a, thru 28f, Film 1. Decedent's Name (First, Middle, Last)	1	lt Cer	tificate of i	Death	2. Dete of Deeth Month	Dey Yee	
/Med Exami		4e. Facility Name (If not institution, give state) Sinsi Hospital	den SR		4	4b. City, Town, or Loc	30.0	7 190 4c. County of De Boltr	eath
Funeral Director		5. Social Security Number 6. Sex	7. Age (In yrs. In	72 Yrs.	If Under 1 Yeer Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, Ye Jan 3, 1	9. E	Country) Maryland
Maryland of show fied at	tor	10a. Stete 10b. County Maryland n/a	10c. City	Town or Loc Baltin		_		4-2	10d. Inside City Limits 1 ☑ Yes 2 ☐ No
ath with the M 23e or 28e-f unt be notifie	ral Director	10e. Street end Number 5106 Cordelia Aven	ue		10f. Zip Code 2121	15	10g.	Citizen of What	Country?
020 urs after dos af, or flems Examiner m	by Funeral	11. Maritel Stetus 1 Never Merried 3 Widowed 4 Divorced	2. Wes Decedent Ever In U,s Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give A Yeer or Detes:		Vas Decedent of H I Yes, specify Cube	ispanic Origin? (Specan, Mexican, Puerto R Specify:	city Yes or No- lican, etc.)	Bieck, Wi	nerican Indien, hite, etc.
21215-0020 d within 72 hours aft giene. r then "natural", or the Medical Exams	Completed	15. Decedent's Educa (Specify only highest grade of Elementery/Secondery (0-12) 3rd Grade	tion completed) College (1-4or 5+)	(Give I life. D	lent's Usuel Occup kind of work done of NOT use retired	ation during most of workin d	9	b. Kind of Busines	
Maryland d 2 should be file fit and Mental Hy 7 is marked othe traumatic event.	To Be C	17. Father's Neme (First, Middle, Last) Winfred Hayden				18. Mother's Name Elizabe	(First, Middle, Mei th Brown		
		19a. Informant's Neme/Reletionship (Type Joyce Garnes	(daughter)			and Number or Rural		ity or Town, State	
Pages mant of P ant: if its		20e. Method of Disposition 1 Disposition 2 Cremetion 3 Ref 4 Donetion 5 Other (Specify)	novei from Stete	ece of Dispos emetery, crem	sition (Neme of natory or other plec 11 Cemete	ce)	Dete 200	. Location - City	•
Ball permit. Departitions imports any inj		21. Signeture of Funerei Service Licensee	Ku	2!	Name and Address	ss of Fecility Nuns Falls P Maryland	tter Fun		nes, Inc.
Box 68760, set certificate be executed with certificate be executed with the control of the certificate and for use as the burial-fransit	n/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	Intrappe Due to (or Pancreshi	es a consequence as a c	neuce of): borts/	orhoge Vein Inju		5 hrs 5 hrs 1 months	
P.O.	Physician/N	Part II. Other algnificant conditions contri	derlying cause give	en in Part f.	23b. Did tobacco use contributa to the cause of				
Aecords, P.C. law requires that the has been signed by th	Completed by	<u> </u>					24a. Wes an a performed		b. Were autopsy findings available prior to completion of cause of death?
t Vital Kr ysicien: The L is certificate he director, page	Be	25. Was case referred to medical examinar				28. Place of Deeth	1 ☐ Yes	2 L No	1 ☐ Yes 2 ☐ No
UNISION OF VITAL RECORDS, To the Hospital or Attending Physicien: The law requires th within 24 hours after death. To the Funeral Director: After this certificate has been signe completely filled in by the funeral director, page 2 should be d	Certification: To	27. Manner of Death 1 Naturel 5 Pending		R/Outpatient 28b. Time of Injury 1257 fine, ferm, stre	28c. Injun Work	/ at / 20 No	Tobc Sister City or Town, S	Injury occurred	Rural Route Number,
20 C		(Check only 2 Medical Examina)	ian: To the best of my know : On the basis of examinetic end menner stated.	ledge, deeth on end/or inve	occurred et the tim estigetion, in my op	ne, date end pleca, ar plnion, deeth occurred	nd due to the caus	e(s) end menner	es stated.
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To the Hospil within 24 hour To the Funer completely fills	Medical	29b. Signeture end title of certifier Dowy 30. Neme and eddress of person who com	B. Ilenas		29c. License			Narch	nth, Day, Year) 7, 1996 we, MD

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	/Medic Examir		4a. Fecility Neme (If not institution, give	street end number)				4b. City, To	wn, or Lo	MARCH ocation of Death	10 19 4c. County		0912	AIT
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Н	Funerai		5. Sociel Security Number 8. Se	7. Age ((In yrs. last b		Under 1 Year	If Under	24 Hrs.	8. Dete of Birth (Month, Dey,		9. Birth	olace (Stete	or Foreign
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	anyta show	_	10e. Stete 10b. County	1		wn or Location	n						Od. Inside C	Ity Limits 2 ☐ No
	Ne M	Director	Maryland N/A		Balt	imore								2 140
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	ter de	S.	11. Maritel Status 1 Never Merried 2 Merried	12. Wes Decedent Ev		If Yes	s, specify Cub	an, Mexican	, Puerto	ecify Yes or No- Rican, etc.)		k, White,	etc.	
20	L'. or	by F	3 □ Widowed 4 💆 Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:		1□Y	es 2 No	Specify:			Specify	Bla	ck	
21215-0020	d within 72 hours effer deeth with the Maryland jene. r than "netural", or items 23a or 28a-f show the Medical Evantinet must be notified at	2	15. Decedent's Edu	ucation	168	a. Decedent's	Usuel Occup	petion			16b. Kind of Bu			
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pu	be filed itel Hygi d other event, t	Be (17. Fether's Neme (First, Middle, Last)					18. Mothe	r's Nem	e (First, Middle, N	feiden Sumem	ie)		
yla	should but marked	To	William Jones					Vio	lia	Smith				
Maryland	2 she and la ma		19e. informent's Neme/Reletionship (T	ype, Print)						al Route Number,				
	end lealth m 27 her tr		William Jones						enue	, Baltim				
Baltimore,	permit. Peges 1 end 2 should be filed Department of Health and Mentel Hyg Important: If item 27 is marked other any injury or other traumetic event, any injury or		20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ I	Jellionel Holli Stefe	cemere Arbut	ery, cremetor	y or other ple	Dark	1	3-18-96	20c. Location - Arbut			
ij	it. Per rtant: njury		4 Donetion 5 Other (Specify,		ALDUC									
Ba	Departm Departm Importar any Injur		21. Signeture of Funerel Servica Licens	In In		Mar	ne end Addre	eral E	lome	East				
			23e. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	. Posed	a daath Da					ue, Balt		MD 2	21202 Approximet	
	Physician /Medicai Examiner	er	Immediate Cause (Finel disease or condition resulting in deeth)	. alcohol		Consequence	lection of:	of to	kyp	ther	Emia		Onset and	Deeth
	ete be executed hysician and the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate	b	ue to (or es e	consequenc	a of):							
60,	be ex ician burial	cal E	Cause (Diseese or injury	C										
68760,	ficete phys s the	edic	thet initieted events resulting in deeth) Lest	Du	e to (or es e	consequence	a of):					1		
Вох	nding use e	N.		d										
m	death e atte	icla	Pert II. Other significant conditions co	ntributing to death but a	not resulting	In the underly	vina cause aix	ven in Pert I		23b. Did to	bacco use co	ntribute t	o the cause	of death?
P.O.	The lew requires that the death certifice ate has been signed by the attending phogge 2 should be deteched for use as the	Physician/M					yang oddoo ga				s 2 No	3 Pro	/	Unknown
	gned be de	by											1	
ord	been s	De la								24e. Wes ar		av	ere eutopsy eileble prior	to
Records,	hes be	Completed						_		1,		of	mpletion of death?	ause
		Co								1 Ye	s 2 No	10	Ves 2□	No
Ž	Attending Physicien: The Indicate the sector: After this certificate he by the funeral director, page	Be	25. Wes case referred to medical examiner?	Hospital.			T 011			h (Check only on				
Division of Vital		2	XX Yes 2 No 27. Megner of Deeth	Hospitel: 1 Inpatient		utpetient 3		4 □ Nu		me 5 Reside			y) GARA	AGE
ב	After funer	lon	1 → Pending	28a. Dete of Injury (Month, Dey Y	(ear)	Time of Injury	28c. Injui	rk? Yes 2		28d. Describe ho	w injury occur	ed /	1.	11
S	or Attending efter death. Director: After In by the fune	Certification:	2 Accident investigation 3 Sulcide 6 Could not be	Found 3/10/ 28e. Pleca of Injury	1	,,,,		163 2		28f. Location (Sti	reet and Numb	er or Bun	A Route Num	her
2	efter Olred d in b	erti	4 ☐ Homicide determined	building, etc. ((Specify)	0.0	actory, onto		i	Avenue	Stete) 40		ockf	
	To the Hospital or Attending Ph within 24 hours eiter death. To the Funeral Director: After th completely filled in by the funeral			sician: To the best of (and due to the ca	use(s) end ma			y lang
	n 24 l	edicai	(Check only 2 Medical Exami	ner: On the basis of ex end menner state	kaminetion e d.	nd/or investig	etion, In my o	pinlon, deet	th occurr	ed et the time, da	ite end placa,	end due t	o the cause(s	s)
	To the Hospital or Ar within 24 hours effer of To the Funeral Direct completely filled in by	Σ	29b. Signeture end title of certifier	11 11 -			29c. Licens	e number			d. Date signe		Dey, Year) 1996	
	/		Theopen !	y. Thing	us		0.0	M . E		1	MICH	10,	1770	
	5		30. Nerrie end eddress of person who o	•										1201
			THE UDONE N	1,10,0				reet	, B	altimor	ce, Ma	ryla	and 2	1201
	Sta Registr		31. Dete filed (Month, Day, Yeer) MAR 25 1396	32. Registrer's	Signature	-ljandelle								



	-1594 ITE PPER ME	MS:	225 23 PART I, 27, Please Type or Print in Black Indelible Ink. Assure FILM G-734 4/12/96 t.t State of Maryland / Department of Health an ITEM#1 FILM G733 3/25/96 perFH ag Certificate of Death	e All Copies And Mental Hyg	Are Legi iene	ble.	
	Physic	ian	1. Decedent's Name (First, Middle, Last) ANTONIO ROBART ROBERT JOHNSON	2. Date of Deat Month MARCH		1996	3. Time of Death 2:07
	/Medi Exami		4a. Facility Name (If not institution, give street and number) FALLSTON GENERAL HOSPITAL FALLST	, or Location of Death	4c. County HARF	of Death	
	Funeral Director		5. Social Security Number 6. Sex 1 M 2 F 7. Aga (In yrs. last birthday) Whoths Days Hours M Usual Residence of Decedent	Hrs. 8. Date of Birth Min. Month, Pey,	7962	9. Birthple Mar	ace (Stata or Foreign
	death with the Maryland ima 23a or 28a-f show I must be notified at	Director	Maryland Harford 10c. City, Town or Location Abington			10	d. Inside City Limits
5-0020	72 hours efter death with t natural", or items 23m or ?	by Funeral	10e. Strelet and Number 130			S America ck, White, e	en Indian,
2121	l within 72 lane. r then "net the Medic	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired) 15. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired)	working	16b. Kind of B	usinass/Ind	ustry
Maryland	s 1 end 2 should be filed f Heelth and Mental Hygis Item 27 Is marked other other traumatic event, to	To Be	Jerome Robert Johnson 18. Mother's Both Son Bot	Name (First, Middla, M	V,	Au:	stin
imore,	Pege nent o ant: If ury or		MCS barbara V. Austin 6608 Eberle D. 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of Compliany, cramatory prother place) New atheorem	rive apt	3 Ba 20c, Location - Balt	1 to. 1	1d. 2121
Balt	permit. Page Department of Important: if any injury or		21. Signature of Funeral Service Upensee 22. Name and Address of Facility 23a. Part 1. Estar the dischase, or complications that ceused the death. Do not enter the mode of dying, such as care shock of heart family. List only one cause on each line.	SS Fune The Aue, rdiac or raspiratory arre	Bal	ame to, Ma	d. 21216 Approximata
	Physician /Medical Examiner		Immediate Cause (Final disaasa or condition resulting in death) SEIZURE DISORDER				Interval Between Onset and Death
	35.12	er	Due to (or as a consequence of):]	
o,	icete be axecuted physicien end s the buriel-trensit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				
Box 68760	eath certificete be ettending physicle for use es the bur	Physician/Medical	Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): d.				
P.O.	that the dead by the detached	by Physician	Part li. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.		bacco use co		the cause of death?
ec	2 S S	Completed b		24a. Was ar perform	autopsy ned?	ava	re autopsy findings liable prior to spletion of cause eath?
= '	E # #			1) (1)	s 2 No	10	Yes 2□ No
Vita	Physician: The this certificate ral director, page	o Be	examiner/	Death (Check only on			
o	Phys rathis	 -	27. Manner of Death 28a. Date of fnjury 28b. Time of 28c. Injury at	ng Home 5 Reside 28d. Describe ho)
0	Attending I ir deeth. octor: After by the funer	atloi	XX Natural 5				
	pital or Attend	Certification:	3 ☐ Suicida 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify)	28f. Location (Str City or Town		per or Rural	Routa Number,
	Par III	Medical	29a. Certifier (Check only (C	lace, and due to the ca	use(s) and ma ite and place,	anner as sta and due to	nted. the ceuse(s)
(Med	29b. Signature and tille of certifier 29c. License number O . C . M . E		ARCH	d (Month, D	
	4		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Penn Street,	Baltimo	re, Ma	aryla	nd 2120
	Sta Registr		31. Date filed (Month, Day, Year) 32. Registrar's Signature				

DHMH 16 Rev 6/95

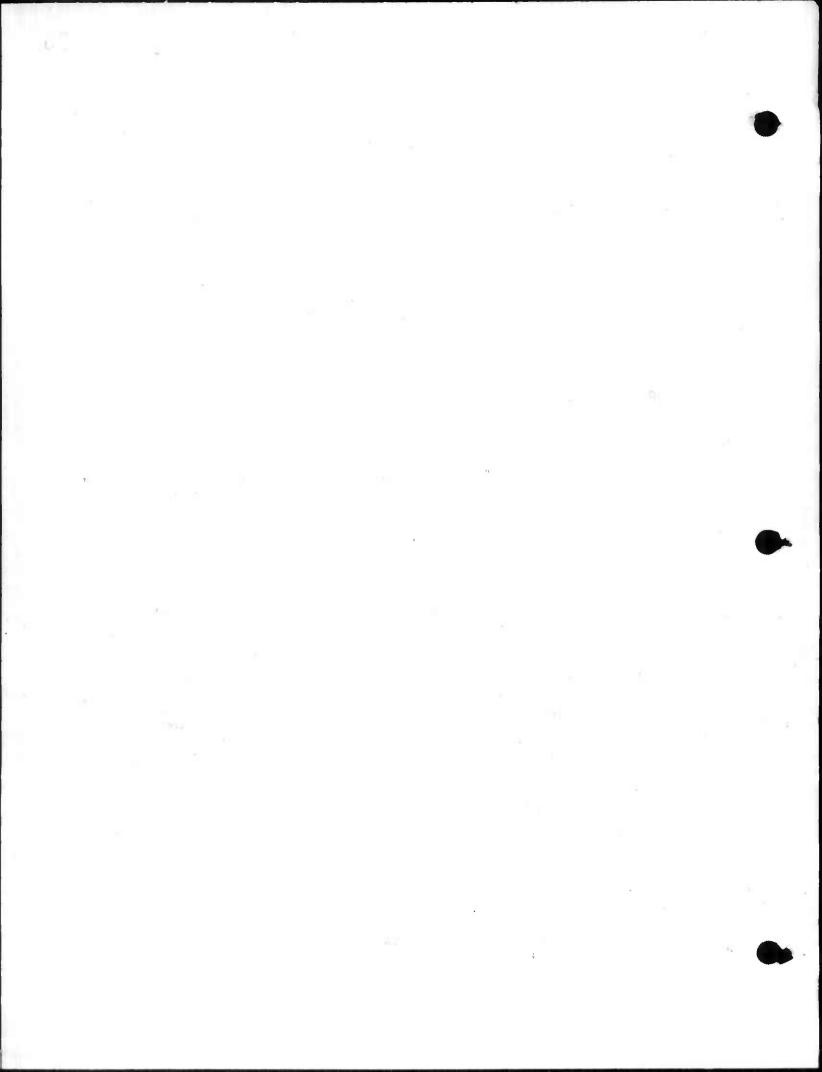
DIVISION OF VITAL RECORDS, P.O. BOX 68760

OR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the building high the building and takened the physician and or the building high the building	or more main 12 hours are count with the Case copy, or regard and montain hyperic prior to buring, or entired at sonce, important it from 28 is marked, or from 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
TO THE FUNERAL DIRECTOR: After this can shad with with	MPORTANT: If item 28 is marked
	TO THE MIRRANGE AND INCREDIBLE AND THE CONTIGUED HAS BEEN ASSESSED ASSESSED AND THE CONTIGUENCY. PAGE ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED.

											91	o U	18496
		FOR 1 - STATE REGISTRAR	STATE OF MA						MENTA		_		
		1. DECEDENT'S NAME (First, Middle, Last)			ERIIF	ICAI	E OF	DEATH	I 2 DAT	REG. NO			3. TIME OF DEATH
	i	Gladys E.	Kilpa	trick					MON		AY 1	YEAR 996	10:00 pm
	ı	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. is	ast birthday)		ER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		6. BIRTHE	PLACE (State or Formion
		179-16-8424 Se. FACILITY NAME (If not institution, give at	1 🗆 M 2 🔎 F	81	YRS.	MONTHS		HOURS MIN.		2 19, 1		New Y	
2		9136 Philadelphia					ry, town	OR LOCATION OF D	EATH		1	inty of de	
DIRECTOR		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			1 40 000						13		
l iii	1	Maryland Balti			1		dale	TION					10d, INSIDE CITY LIMITS?
		10e. STREET AND NUMBER			1 1	0,5 00		f. ZIP CODE			10a, CIT		1 YES 2 NO
FUNERAL		9136 Philadelphia	Road					21237				.S.A.	
E		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED NO	13	If yes, ap	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No-	14. RACE Stack,	- American Indian, White, stc.
B		3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WA	R OR DATES				2 X NO Speci				Specify	White
TED		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. Di	ECEDENT'S	USUAL (OCCUPATION OF THE PROPERTY OF	ON ost of working	16	b. KIND OF SU	SINESS/INI	DUSTRY	
COMPLET	ı	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	- 1	o. Do NOT US OUSEW)			Home			
MO	1	17. FATHER'S NAME (First, Middle, Last)			ousew	ive	_	18. MOTHER'S N	AME (First.		Surname)		
BEC		unknown						Ora Mar					
2		19a. INFORMANT'S NAME (Type/Print) Barbara Shetterly	(daughte					and Number or Rural					
		20a. METHOD OF DISPOSITION						phia Road					
		1 Buriel 2 Cremation 3 Remo	THE PARTY I	20b. PLACE cemetery, cri	ematory or of			ame of	OAT	TE 20c. LO	CATION —	City or Tow	rn, State
		21. SIONATURE OF FUNERAL SERVICE LICE ROME	ENSEE C (U)a	de Di	b	22 C 7	NAME A	ND ADDRESS OF F	CILITY	1 155	(a) D	- 0+:	ore Street
		Pronald f.	Gdi	ac, De		Bo	ultin	nacomy nore, Ma	ulan	.a-633 .d 212	01-1	559	ione sineer
		23. PART I. Enter the diseases, or c ahock, or haert failure. I	omplications that	caused the de	eath. Do n								Approximate
		IMMEDIATE CAUSE (Final disease or condition		- (7 - 1						Interval Between Onset and Death
		reaulting in death)	- CND	OR AS A CONSE	19e	(101	6					
		_	() A	M AS A CONSE	OURNCE OF	•):							
9	I	Sequentially list conditiona, if any, leading to immediate	DUE TO (O	R AS A CONSE	OUENCE OF	7:							
3		cause. Enter UNDERLYING CAUSE (Disease or Injury	. H	7									
ERTIFICATION		that initisted events resulting in deeth) LAST	DUE TO (O	R AS A CONSE	OUENCE OF	7:							
CEF													
	I	PART II. Other algnificent conditions	contributing to d	eath but not	reculting i	n the u	nderlyln	g cause given in	Part I.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										1 🗀 YES 2			COMPLETION OF CAUSE OF DEATH?
		DID TOBACCO USE CONTR	IRLITE TO CALL	SE OF DE	TU VE	<u>с П</u>	NO F	LINICERTAL				1	1 TES 2 NO
AN		25. WAS CASE REFERRED TO MEDICAL	IBOIL TO CAU		CE OF DEAT			UNCERTAI	и Ц				
Sic	ì	EXAMINER?	HOSPITAL:	P/Outpatient 3	DOA.	OTHE	R:	e 5 PResidence	6 🗆 Othe	er (Specify)			
PHYSICIAN:		27. MANNER OF DEATH	26a. DATE OF IN (Month, Day.		28b. TIMI	_	26c. INJ		T	SCRISE HOW II	NJURY OC	CURED	
BY		1 Netural 5 Pending 2 Accident Investigation				М	1 🗆 '	YES 2 NO					
8		3 Suicide 6 Could not be determined	28e. PLACE OF I	INJURY At he c. (Specify)	ome, farm, s	treet, fac	ctory, offic		26f. LOC C/ty	or Town, State)	ind Number	or Rural Ro	ute Number,
COMPLETED		29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	v knowledes d	anth accurr	4 44 44	No. dec	and also and a					
OMP		(Check only one) 2 MEDICAL EXAMINER											and manner as stated.
	1	295. SIGNATURE AND TITLE OF CONTINER	01	, /			_	29c. LICENSE NU					Month, Day, Year)
O BE		(Xup	the	4				D39		0	▶ 3	1181	96
1 1	11	20 NAME AND ADDRESS OF BEHRING WHO	COMPLETED CALIFE	and the Person with	and the second								

32. RECEITRANT SIGNATURE

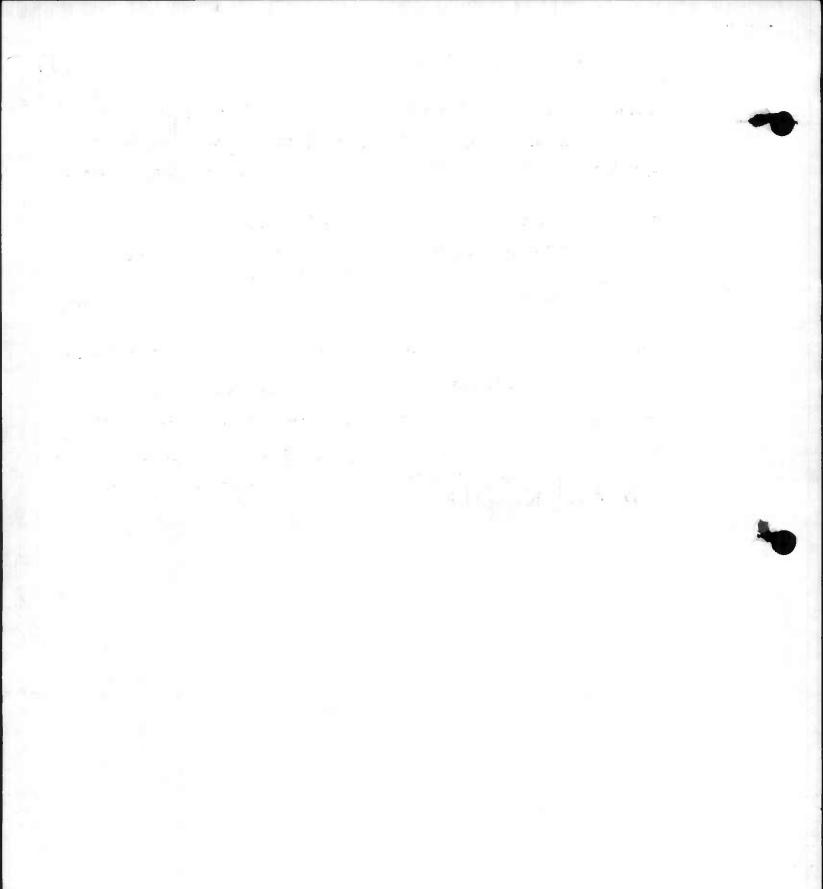
31. DATE FILED (MONTH, Day, Year) MAR 2 5 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item State of Manyland / Department of Health and Mental Hygiene

Discontin		Decedent's Neme (First, Middle, L	ast)	/		of Death	2. Date of	Reg. No.	3. Time of Dea
Physic /Medi		Anna	Mane 1	Kare	2		Marc	h 321	496 1245
Exami		4a. Fecility Neme (If not institution, g	rive street and number)	1	1000-00	4b. City, Tow	n, or Location of De		
		Johns Hop	KINS Bay	new !	hdevi If Under 1	Y. Baltin	nore, M.		1/A
Funeral Director		5. Social Security Number 219–30–3374 Usuel Residence of Dacedent	Sex 1 □ M 2 🖾 F	(In yrs. last birtl		Yeer If Under 24 Deys Hours	Min. 8. Dete of (Month)	Birth Day, Year) 1, 1896	9. Birthplece (State or For Country) Estonia
₹ #		10a. Stete 10b. County		10c. City, Town	or Location				10d. Inside City Lie
fled	tor	Md.	N/A		E	Baltimore	City		1 X Yes 2 □
23a or 28	al Director	10e. Street end Number	2 Erdman Ave	enue	10f. Zip C			10g. Citizen of W Estoni	
netural', or itema 23a or 28a-f show	by Funeral	11. Maritel Stetua 1 Never Married 2 Merried 3 Midowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 Yea 2 No If Yes, Give Yeer or Detes:		13. Wes Decede If Yes, specifi	int of Hispanic Original y Cuben, Mexican, Mexican, I No Specify:	n? (Specify Yes or Puerto Rican, etc.)	No- 14. Rece Bleck Specify:	- American Indian, k, White, etc.
netural',	Completed	15. Decedent's l	Education	16a. I	Decedent's Usuel	Occupetion	of working	16b. Kind of Bu	
	nple	Elementary/Secondery (0-12)	College (1-4or 5+)	3		done during most of retired)	or working		
B 4 8		17 Fethada Nama (First Middle 1 a	-41	Cat	feteria W		- h.t		dService
2 T A	Be	17. Fether's Neme (First, Middle, Las	Juri Saama	nn				dle, Meiden Sumeme	9)
nd Mente marked umatic e	To	19e. Informent's Neme/Reletionship			Mailing Address /		Ann Mait	mber, City or Town, S	State Zin Code
400		Raoul Spicker	(· spo, · /////			an Avenue			21213
If item		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3	Removel from Stete	20h Piece of	Disposition (Neme crematory or oth dens of	e of per plece) .	Dete	20c. Location - 0	City or Town, Stete
		4 Donation 5 Other (Spec	-		T		შნ/96	Baltimo	re Marylar
Departm Importar any inju		21. Signeture of Funerel Service Uc	Knight	inight Jr	5305 H		d. Baltim	J. Ruck, ore, Md.	Inc. 21214
		23a. Pert1. Enter the disease, of co shock, or heart feilure. List on	mplicetions that caused they one ceuse on dech line.	death. Do no	ot enter the mode	of dying, such es ca	ardlac or respiretory	y errest,	Approximete Interval Between
nysician									Interval between
•		Invested Course (Fig.)						, ,	Onset end Death
Medical xaminer		Immediate Ceusa (Final disease or condition resulting in deeth)	Sep	sis			nyocarc	, ,	onset and Death
Medical	er		a. Sep	SIS ue to (or es e co				, ,	orchion 2c
Medical xaminer	miner	disease or condition resulting In deeth)	b. Div	ertic	onsequence of:			, ,	orchion 20 Ad
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month **Physician** KRIZEK EDNA Marie 5:02 PM MARCH 1936 /Medical 4e. Fscility Name (If not Institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore N/A Good Samaritan Hospital 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs.
7. Age (In yrs. last birthdey) Months Days Hours Min. 5. Social Security Number 9. Birthplece (State or Foreign **Funeral** 1 M 2 XF Yre. Maryland 213-36-8225 Director Usuel Residence of Decedent the Marylend 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahon traumatic event, the Medical Examiner inset be notified at Md. Baltimore Edgemere 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code permit. Peges 1 and 2 should be filed within 72 hours effer death with t Department of Health and Mental Hygiene. Important: if item 27 Ia marked other than "natural", or items 23a or 2 any injury or other traumatic event, the Medical Exprised Instituted to an once. 10g, Citizen of What Country? 21219 USA 2825 Lodge Farm Rd. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 14. Race - American Indian, Bleck, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Naver Married 2 ☑ Married 1 Yes 2 No If Yes, Give Yaer or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Home Maker Own Home 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Miller Marquerite Carroll G. Bayne 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pear Wood Rd. Baltimore, Md. 21234 Joseph J. Krizek 20b. Place of Disposition (Neme of cematery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removal from State Lakeview Mem. Gardens 3-23-96 Sykesville, Md. 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funerel Sarvice License 22. Name and Addrass of Facility Ruck Towson Funeral Home, 1050 York Rd. Towson, Md. 23e. Part1. Enter the disease, or complications that causad the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximeta Intervel Between Onsat and Deeth **Physician** Immedieta Causa (Finel disaesa or condition resulting in deeth) /Medical Examiner Hopital or Attending Physician: The law requires thet the death certificete be executed 24 hours after death.

Zet hours after death.

Tuneral Director: After this certificate has been signed by the attending physician and Sequentietly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Last Due to (or es e consequence Box 68760. Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ 24b. Were eutopsy findings sysileble prior to completion of causa of death? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Sulcida 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours 15 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical with 2 29d. Data signed (Month, Day, Year) 29b. Signatura and title of certifiar 29c. License number March 20, 1936 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 5601 Lock Raven Blud Boltimore, MI) GOOD SAMARITAN HOSP. MOUSSA Julia Daviston Randale 31. Data filed (Month, Dey, Year) State MAR 25 1996

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** Month Dey 6:00 AM C. Frank Krawczyk 1996 March 25 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1927 Crouse Rd. Forest Hill Harford If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 M 2□F Yrs Director 215-09-6327 85 01/ 31/ 1911 Maryland Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show 1 Yes 2 No MD Harford Forest Hill Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? must be n 1927 Crouse Rd. 21050 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Meritel Status or Hugh Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: uggan 1 Never Merried 2 Married 1 ☐ Yes 2 No 5-0020 þ 3 ☑ Widowed 4 ☐ Divorced Specify: White ified within 72 for Hygiene. other then "neture ent, the Medic Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 212/ Elementery/Secondery (0-12) College (1-4or 5+) Factory 10 Machinist other Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Pages 1 and 2 should be fit ment of Heelth and Mental Hant: If Nem 27 is marked other trsumatic even Be P Peter Krawczyk Julia Kaminska 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thaddeus Rychlak/Son-in-law 1927 Crouse Rd. Forest Hill, MD. 21050 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State permit. Page Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Stanislaus Cemetery 3 - 28Baltimore MD. 21. Signeture of Funerel Service License 22. Neme and Address of Fecility David J. Weber Funeral Home 401 S. Chester Street Balto. rathleen MD. 21231 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner Due to (or es a consequence of) Examiner physician and s the burief-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): attending pl signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown à 24b. Were autopsy findings avelleble prior to completion of ceuse of death? 24a. Wes an eutopsy performed? Completed page 2 1 ☐ Yes 2 ☑ No certificate Hospital or Attending Physician: 24 hours after death.
 Funeral Director: After this certifica 25. Wes cese referred to predicel 28. Plece of Deeth (Check only one) Be Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 2 1 Yes PENO 28e. Dete of Injury (Month, Day Year) funeral 27. Menne of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 1 Certifying Phyalclan: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier To the Hosp within 24 hou To the Fune completely fil Medical 29b. Signature end title of certifier, 29c. License number 29d, Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)
HARRY W. SM; +HMO ZOOS ROCK SPRING-ROCK FORESH H-1/1 Mb 2 1050 HARRY W. SMITH MO 31. Dete filed (Month, Day, Year) Registrar's Maybe State MAR 25 1996 Registrar

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Filmg, 733, item #4c, 20c, 3/25/26 Certificate of Death

State of Maryland / Department of Health and Mental Hygiene

Filmg, 733, item #4c, 20c, 3/25/26 Certificate of Death

Beautiful Department of Health and Mental Hygiene 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month ROY MASSENBURG 5.15 AM MARCH 1996 16 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GOOD SAMARITAN HOSPITAL BALTIMORE NPA Hours Min. 8. Dete of Birth Hours Min. 8. Dete of Birth Hours 1993 5 Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer Birthplece (State or Foreign Country)
 CAROLINA **Funeral** 1 M 2□ F Months Deys 72 216-16-1953 Yrs Director Usuel Residence of Decedent the Maryland 10a Slele 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, tra Medical Examiner must be notified at BALTIMORE MD n/a TOYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? **AVENUE** 2133 HOMEWOOD STATES UNITED 21218 Funeral 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? XIX Yes 2 □ No if Yes, Give Yeer or Deles: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Rece - American Indien, Bisck, White, etc. 1 ☐ Never Merried 2 ☐ Merried Saltimore, Maryland 21215-0020 unk. 1 ☐ Yes 2 ☐ No Specify: Specify: BLACK 2 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within in Department of Health and Mental Hygiene. Important: if hen 27 is marked other than "n any Injury or other traumatic avant Elementery/Secondery (0-12) 12 th College (1-4or 5+) GOFTZ MEAT PACKING CO. MEAT CUTTER 17. Fether's Neme (First, Middle, Last) 18. Molher'e Neme (First, Middle, Meiden Sumeme) Be MILDRED DOWDEN JOSHUA PERRY MASSENBURG 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address *(Street and Number or Rural Route Number, City or Town, State Zip Code)*541 E. COLDSPRING LANE, BALTIMORE, MD 21212 GLORIA M. SCOTT 20b. Piece of Disposition (Name of cametery, crematory or other piece)
GARRISON FOREST VA CEM. 3-21 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete OWINGS MILLS, 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funerel Service Licensee 22. Neme end Address of Fecility March Funeral Home even 1101 E. North Avenue, Baltimore, MD 21202 23a. Pert1. Enter the disease, or complications that aused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in desth) DEHYDRATION 1 WEEK Examiner Examiner RECURRENT DIARRHOGA MONTH the attending physician and hed for use as the burial-transit that the death cartificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lasi Due to (or ss s consequence of) Box 68760. C - DIFF COLITIS 1 MONTH Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Winknown signed t þ 24b. Were sutopsy findings sysllable prior to completion of cause of death? 24s. Wes an sutopsy Completed performed' 1 Yes 2 1 No 1 ☐ Yes 2 ☑ No Division of Vital cartifical or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 Dinpalieni 2 ER/Outpetient 3 DOA this After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Neturel after death. Director: Aft investigetion 1 Yes 2 No 2 Accident tha 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide thin 24 hours after the Funeral Dire mpletaly filled in b To the Hospital o within 24 hours at To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number S mox 29d. Dete signed (Month, Dev. Year) Mahwani Broling MD RESIDENT INT, MED D47861 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) GOOD SAMARITAN HOSP. BALTIMORE, MD 21239 JOSEPH BOATENG MD 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State MAR 2 5 1996 Julia Tavidson-Bandale

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Registrar

